

This form is to be
used for reporting
packer leakage tests
in Northwest New Mexico

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator Consolidated Oil & Gas Inc Lease Jenny Well No. 1 (MD)
Location
of Well: Unit AB Sec. 13 Twp. 26 Rge. 4 County Rio Arriba
Type of Prod. Method of Prod. Prod. Medium
(Oil or Gas) (Flow or Art. Lift) (Tbg. or Csg.)

Upper Completion	Mesa Verde	Gas	Flow	Tbg.
Lower Completion	Dakota	Gas	Flow	Tbg.

PRE-FLOW SHUT-IN PRESSURE DATA

Upper Compl	Hour, date Shut-in	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)
	11-1-81	3-Days	519	No
Lower Compl	Hour, date Shut-in	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)
	11-1-81	3-Days	538	No

FLOW TEST NO. 1

Commenced at (hour, date)*		11-4-81		Zone producing (Upper or Lower): Lower	
Time (hour, date)	Lapsed time since*	Pressure		Prod. Zone Temp.	Remarks
		Upper Compl.	Lower Compl.		
11-2-81	1-Day	502	512		Both Zones Shut In
11-3-81	2-Days	511	537		Both Zones Shut In
11-4-81	3-Days	519	538		Both Zones Shut In
11-5-81	1-Day	520	336		Lower Zone Flowing
11-6-81	2-Days	520	336		Lower Zone Flowing

Production rate during test

Oil: _____ BOPD based on _____ Bbls. in _____ Hrs. Grav. _____ GOR _____
Gas: 53 MCFPD; Tested thru (Orifice or Meter): _____ Meter

MID-TEST SHUT-IN PRESSURE DATA

Upper Compl	Hour, date Shut-in	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)
Lower Compl	Hour, date Shut-in	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)

FLOW TEST NO. 2

Commenced at (hour, date)**			Zone producing (Upper or Lower):		
Time (hour, date)	Lapsed time since **	Pressure Upper Compl. Lower Compl.		Prod. Zone Temp.	Remarks

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OIL CON. COM.
DIST. 3

Production rate during test

Oil: _____ BOPD based on _____ Bbls. in _____ Hrs. Grav. _____ GOR _____
Gas: _____ MCFPD; Tested thru (Orifice or Meter): _____

REMARKS: _____

I hereby certify that the information herein contained is true and complete to the best of my knowledge.

proved: _____ 19 _____
Oil Conservation Division

Original Signed by CHARLES GHOLSON

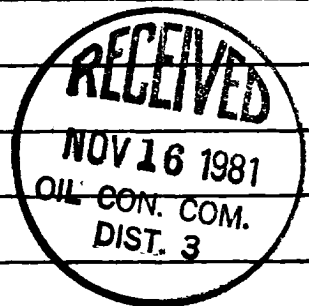
Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

Operator Consolidated Oil & Gas Inc

By _____

Title Production Superintendent

Date _____



[illegible]

8. The results of the above-described tests shall be filed in triplicate within 30 days after completion of the tests. Tests shall be filed with the nearest Federal office of the Fish Management Division or the Northwest Fish Management Division. Test Form Revised 10-1-77, and the "Deadhead Pressure Indicator" thereon as well as the following temperatures (see zones only) and survey and test data shall be transmitted to the nearest Federal office of the Fish Management Division. The pressure versus time curve for each zone of each test shall be transmitted in the reverse side of the "Deadhead Pressure Test Form with all necessary data points taken indicated thereon. For all zones, the pressure gauge shall always indicate all experimental pressure as well as any pressure in the surrounding large chambers. These gauge pressure readings shall also be indicated on the front of the "Deadhead Pressure Test Form."

