

STATE OF NEW MEXICO
ENERGY and MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

This form is not to
be used for reporting
packer leakage tests
in Southeast New Mexico

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Revised 10/01/78

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator CONOCO INC Lease SAN JUAN 28-7 UNIT Well No. 173 (PC)
Location of Well: Unit I Sec. 17 Twp. 27 Rge. 07 County RIO ARRIBA

| | NAME OF RESERVOIR OR POOL | TYPE OF PROD. (Oil or Gas) | METHOD OF PROD. (Flow or Art. LIFT) | PROD. MEDIUM (Tbg. or Cag.) |
|------------------|---------------------------|-------------------------------|--|--------------------------------|
| Upper Completion | PICTURED CLIFF | GAS | FLOW | TBG. |
| Lower Completion | CHACRA | GAS | FLOW | TBG. |

PRE-FLOW SHUT-IN PRESSURE DATA

| | | | | |
|------------------|--------------------------------|----------------------------------|-----------------------|-------------------------------|
| Upper Completion | Hour, date shut-in 08-20-95 | Length of time shut-in 3-DAYS | SI press. psig 115 | Stabilized? (Yes or No) NO |
| Lower Completion | Hour, date shut-in 08-20-95 | Length of time shut-in 3-DAYS | SI press. psig 10 | Stabilized? (Yes or No) NO |

FLOW TEST NO. 1

| Commenced at (hour, date)* 08-23-95 | | Zone producing (Upper or Lower): UPPER | | | |
|--|-----------------------|---|------------------|---------------------|--------------------|
| TIME (hour, date) | LAPSED TIME SINCE* | PRESSURE | | PROD. ZONE TEMP. | REMARKS |
| | | Upper Completion | Lower Completion | | |
| 08-21-95 | 1-DAY | 115 | 10 | | BOTH ZONES SHUT-IN |
| 08-22-95 | 2-DAYS | 115 | 10 | | BOTH ZONES SHUT-IN |
| 08-23-95 | 3-DAYS | 115 | 10 | | BOTH ZONES SHUT-IN |
| 08-24-95 | 1-DAY | 115 | 10 | | UPPER ZONE FLOWING |
| 08-25-95 | 2-DAYS | 115 | 10 | | UPPER ZONE FLOWING |
| | | | | | |

Production rate during test

Oil: _____ BOPD based on _____ Bbls. in _____ Hours. _____ Grav. _____ GOR _____

Gas: _____ MCFPD; Tested thru (Orifice or Meter): _____

MID-TEST SHUT-IN PRESSURE DATA

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

(Continue on reverse side)

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DIST. 3

