Submit 3 Copies to Appropriate Dist. Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Revised 1-1-89

INSTRUCTIONS ON REVERSE SIDE

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator			Lease		Well No.
CONOCO INC			MONSANTO STATE		1
Location of Well: Unit	Sec.	Twp	Rge	County	
K	14	16 S	35 E	LEA	

	Name of Reservoir or Pool	Type of Prod. (Oil or Gas)	Method of Prod. Flow, Art Lift	Prod. Medium (Tbg. or Csg)	Choke Size
Upper Compl	N. SHOE BAR WOLFCAMP	GAS	SI	CASING	N/A
Lower Compl	TOWNSEND MORROW	GAS	FLOW	TUBING	N/A

FLOW TEST NO. 1

Both zones shut-in at (hour, date): _____

	Upper Completion	Lower Completion
Well opened at (hour, date): _____		
Indicate by (X) the zone producing		X
Pressure at beginning of test	5	960
Stabilized? (Yes or No)	YES	NO
Maximum pressure during test	25	960
Minimum pressure during test	5	100
Pressure at conclusion of test	20	100
Pressure change during test (Maximum minus Minimum)	15	860
Was pressure change an increase or a decrease?	INCREASE	DECREASE

Well closed at (hour, date): _____ Total Time On Production _____

Oil Production During Test: 3 bbls; Grav. 56.4 Gas Production During Test 325 MCF; GOR 108,333

Remarks LOWER ZONE HAS 1000# SPRING UPPER ZONE HAS 250# SPRING

FLOW TEST NO. 2

	Upper Completion	Lower Completion
Well opened at (hour, date): ZONE IS NOT PRODUCING		
Indicate by (X) the zone producing		
Pressure at beginning of test		
Stabilized? (Yes or No)		
Maximum pressure during test		
Minimum pressure during test		
Pressure at conclusion of test		
Pressure change during test (Maximum minus Minimum)		
Was pressure change an increase or a decrease?		

Well closed at (hour, date) _____ Total time on Production _____

Oil production During Test: _____ bbls; Grav. _____; Gas Production During Test _____ MCF; GOR _____

Remarks _____

OPERATOR CERTIFICATE OF COMPLIANCE

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

CONOCO INC
Operator

Signature

LARRY DEEM PROD. SPEC
Printed Name Title

10-3-94 (505) 393-1583
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 04 1994

By ORIGINAL SIGNED BY GARY WINK FIELD REP. II

Title