

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

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

OIL CONSERVATION DIVISION

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

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 <u>CONOCO INC</u>			Lease <u>SEMI DRINKARD</u>			Well No. <u>122</u>		
Location of Well <u>D</u>	Unit <u>23</u>	Sec. <u>205</u>	Twp <u>37E</u>	Rge <u>LEA</u>	County <u>LEA</u>			
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	<u>Monument TUBB</u>		<u>oil</u>	<u>ART. LIFT</u>	<u>Tbg.</u>		<u>NONE</u>	
Lower Compl	<u>WEIR DRINKARD</u>		<u>oil</u>	<u>ART. LIFT</u>	<u>Tbg.</u>		<u>NONE</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:00 A.M. 3/22/93

Well opened at (hour, date): <u>9:00 A.M. 3/23/93</u>	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>160</u>	<u>760</u>
Stabilized? (Yes or No).....	<u>NO</u>	<u>NO</u>
Maximum pressure during test.....	<u>200</u>	<u>760</u>
Minimum pressure during test.....	<u>160</u>	<u>45</u>
Pressure at conclusion of test.....	<u>200</u>	<u>50</u>
Pressure change during test (Maximum minus Minimum).....	<u>40</u>	<u>715</u>
Was pressure change an increase or a decrease?.....	<u>INCREASE</u>	<u>DECREASE</u>
Well closed at (hour, date): <u>9:00 A.M. 3/24/93</u>	Total Time On Production <u>24 hrs</u>	
Oil Production During Test: <u>25</u> bbls; Grav. _____	Gas Production During Test <u>169</u>	MCF; GOR <u>6720</u>

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): <u>3/25/93 9:00 A.M.</u>	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>230</u>	<u>900</u>
Stabilized? (Yes or No).....	<u>YES</u>	<u>NO</u>
Maximum pressure during test.....	<u>230</u>	<u>805</u>
Minimum pressure during test.....	<u>40</u>	<u>900</u>
Pressure at conclusion of test.....	<u>60</u>	<u>805</u>
Pressure change during test (Maximum minus Minimum).....	<u>190</u>	<u>5</u>
Was pressure change an increase or a decrease?.....	<u>DECREASE</u>	<u>INCREASE</u>
Well closed at (hour, date): <u>9:00 A.M. 3/26/93</u>	Total time on Production <u>24 hrs</u>	
Oil production During Test: <u>20</u> bbls; Grav. _____	Gas Production During Test <u>140</u>	MCF; GOR <u>7620</u>

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

Daniel M. Alexander

Signature

Daniel M. Alexander

Printed Name

Title

3/26/93

Date

1343-0138

Telephone No.

OIL CONSERVATION DIVISION

MAR 30 1993

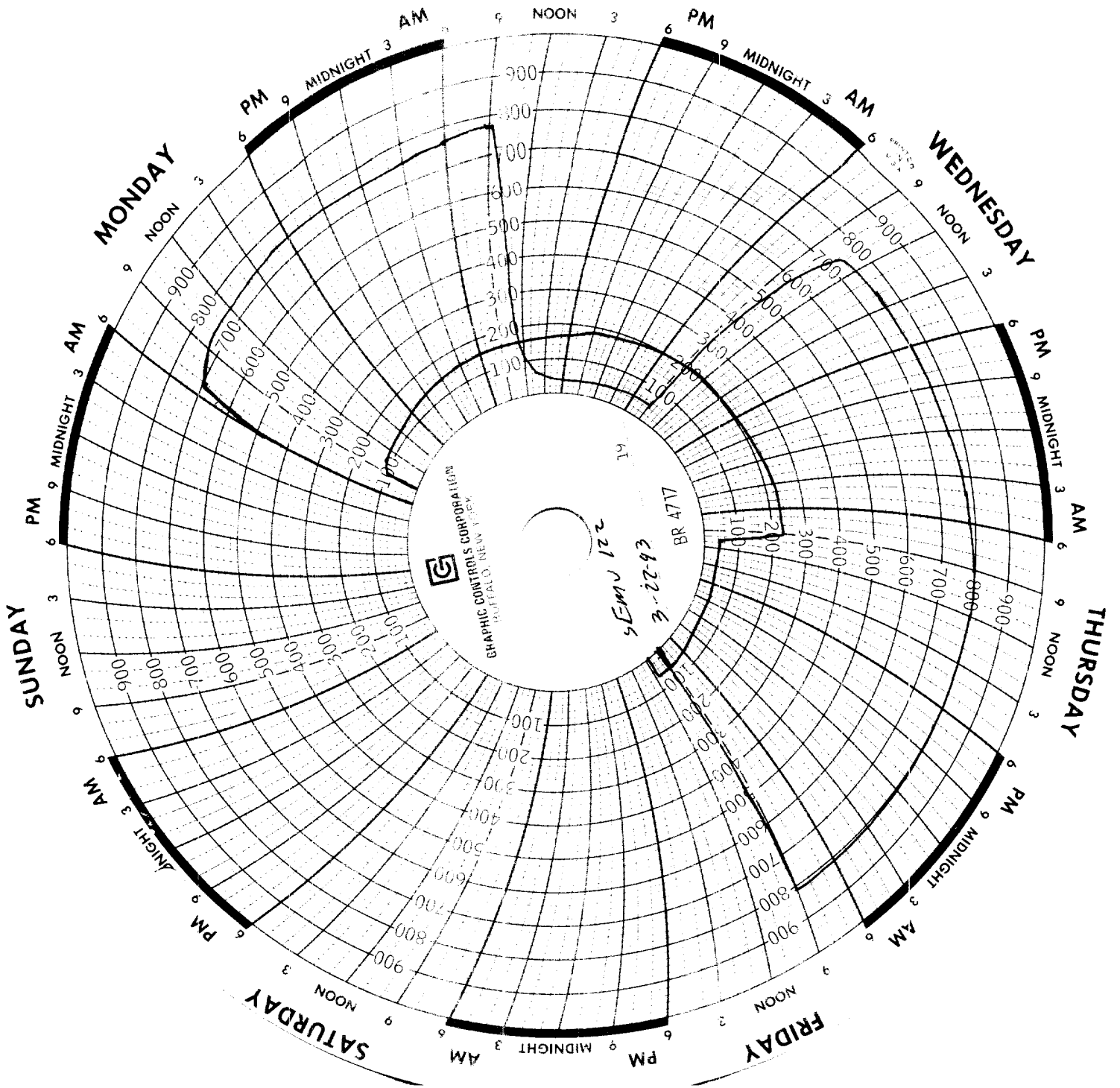
Date Approved _____

By ORIGINAL SIGNED BY JERRY SEXTON

MANAGER

Title _____

RECEIVED
MAR 26 1993
OCD HOBBS OFFICE



OCD HOBBS OFFICE

MAR 2 6 1993

RECEIVED