

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

SOL EAST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>CONOCO INC</u>			Lease <u>STATE A-26</u>			Well No. <u>1</u>	
Location of Well	Unit <u>M</u>	Sec <u>26</u>	Twp <u>19S</u>	Rge <u>36E</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>EUMONT QN</u>		<u>GAS</u>	<u>FLOW</u>	<u>Csg</u>	<u>OPEN</u>	
Lower Compl	<u>EUN MON GB-8A</u>		<u>OIL</u>	<u>FLOW</u>	<u>Tbg</u>	<u>OPEN</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:00AM 4-4-88

Well opened at (hour, date): <u>10:00AM 4-5-88</u>	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>85</u>	
Stabilized? (Yes or No).....	<u>YES</u>	
Maximum pressure during test.....	<u>140</u>	
Minimum pressure during test.....	<u>85</u>	
Pressure at conclusion of test.....	<u>140</u>	
Pressure change during test (Maximum minus Minimum).....	<u>55</u>	
Was pressure change an increase or a decrease?.....	<u>DECREASE</u>	
Well closed at (hour, date): <u>10:00 4-8-88</u>	Total Time On Production	<u>24 hours</u>
Oil Production During Test: <u>0</u> bbls; Grav. _____	Gas Production During Test	<u>89</u> MCF; GOR _____
Remarks _____		

FLOW TEST NO. 2

Well opened at (hour, date): <u>10:00AM 4-7-88</u>	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....		<u>100</u>
Stabilized? (Yes or No).....		<u>YES</u>
Maximum pressure during test.....		<u>100</u>
Minimum pressure during test.....		<u>60</u>
Pressure at conclusion of test.....		<u>60</u>
Pressure change during test (Maximum minus Minimum).....		<u>40</u>
Was pressure change an increase or a decrease?.....		<u>DECREASE</u>
Well closed at (hour, date) <u>10:00AM 4-8-88</u>	Total time on Production	<u>24 hours</u>
Oil Production During Test: <u>0</u> bbls; Grav. _____	Gas Production During Test	<u>4</u> MCF; GOR _____
REMARKS: <u>WELL SHUT-IN - NOT ECONOMICAL TO PRODUCE - OPENED UP</u>		

FOR THIS TEST ONLY -

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

Approved: <u>APR 19 1988</u>	Operator <u>CONOCO, INC.</u>
Oil Conservation Division	By <u>AT ROBERTSON</u>
ORIGINAL SIGNED BY _____	Title <u>PROD. TECH.</u>
DISTRICT SUPERVISOR	Date <u>4-8-88</u>

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