

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

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

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

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>CONOCO INC</u>		Lease <u>SANDERSON A</u>			Well No. <u>4</u>	
Location of Well	Unit <u>0</u>	Sec. <u>11</u>	Twp <u>20S</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>EUM. YTS TRUR QN</u>		<u>GAS</u>	<u>FLOW</u>	<u>Csg</u>	<u>OPEN</u>
Lower Compl	<u>EUNICE MONUMENT GB/2A</u>		<u>OIL</u>	<u>ART. LIFT</u>	<u>Tbg</u>	<u>OPEN</u>

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 4-2-90 10:30AM

Well opened at (hour, date): 4-3-90 10:30AM

Indicate by (X) the zone producing.....	Upper Completion	Lower Completion
Pressure at beginning of test.....	<u>62#</u>	<u>180#</u>
Stabilized? (Yes or No).....	<u>Yes</u>	<u>Yes</u>
Maximum pressure during test.....	<u>147#</u>	<u>180#</u>
Minimum pressure during test.....	<u>62#</u>	<u>68#</u>
Pressure at conclusion of test.....	<u>147#</u>	<u>120#</u>
Pressure change during test (Maximum minus Minimum).....	<u>85#</u>	<u>112#</u>
Was pressure change an increase or a decrease?.....	<u>DECREASE</u>	<u>DECREASE</u>

Well closed at (hour, date): 4-4-90 10:30A Total Time On Production 24 hours

Oil Production During Test: 27 bbls; Grav. _____ Gas Production During Test: 9 MCF; GOR 333

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 4-5-90 10:30A

Indicate by (X) the zone producing.....	Upper Completion	Lower Completion
Pressure at beginning of test.....	<u>147#</u>	<u>121#</u>
Stabilized? (Yes or No).....	<u>Yes</u>	<u>Yes</u>
Maximum pressure during test.....	<u>147#</u>	<u>121#</u>
Minimum pressure during test.....	<u>60#</u>	<u>121#</u>
Pressure at conclusion of test.....	<u>60#</u>	<u>121#</u>
Pressure change during test (Maximum minus Minimum).....	<u>87#</u>	<u>—</u>
Was pressure change an increase or a decrease?.....	<u>DECREASE</u>	<u>—</u>

Well closed at (hour, date): 4-6-90 10:30A Total time on Production 24 hours

Oil production During Test: 0 bbls; Grav. _____ ; Gas Production During Test: 89 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

Operator: CONOCO INC

Signature: Harlan Robertson

Printed Name: HARLAN ROBERTSON Title: PROD. SPEC.

Date: 4-7-90 Telephone No.: 397-5932

OIL CONSERVATION DIVISION

APR 20 1990

Date Approved _____

By: ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____

NEGATIVE

APR 21 1964

ALBANY DEPT