

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

**OIL CONSERVATION DIVISION**

INSTRUCTIONS ON REVERSE  
SIDE

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

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

**SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST**

|                            |                             |                            |                                |                            |                   |             |
|----------------------------|-----------------------------|----------------------------|--------------------------------|----------------------------|-------------------|-------------|
| Operator <b>CONOCO INC</b> |                             | Lease <b>SANDERSON A</b>   |                                |                            | Well No. <b>4</b> |             |
| Location of Well           | Unit <b>0</b>               | Sec. <b>11</b>             | Twp <b>20S</b>                 | Rge <b>36E</b>             | County <b>LEA</b> |             |
| 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                | <b>EUMONT YTS TRVR QN</b>   |                            | <b>GAS</b>                     | <b>FLOW</b>                | <b>Csg</b>        | <b>Open</b> |
| Lower Compl                | <b>EUNICE MONUMENT GBSA</b> |                            | <b>OIL</b>                     | <b>ART. LIFT</b>           | <b>Tbg</b>        | <b>Open</b> |

**FLOW TEST NO. 1**

Both zones shut-in at (hour, date): 4-3-89 11:30 AM

Well opened at (hour, date): 4-4-89 11:30 AM

|  |                  |                  |
|--|------------------|------------------|
| Indicate by ( X ) the zone producing.....                | Upper Completion | Lower Completion |
|  |                  | <b>X</b>         |
| Pressure at beginning of test.....                       | <b>110 #</b>     | <b>110 #</b>     |
| Stabilized? (Yes or No).....                             | <b>No</b>        | <b>Yes</b>       |
| Maximum pressure during test.....                        | <b>160 #</b>     | <b>110 #</b>     |
| Minimum pressure during test.....                        | <b>110 #</b>     | <b>58 #</b>      |
| Pressure at conclusion of test.....                      | <b>160 #</b>     | <b>58 #</b>      |
| Pressure change during test (Maximum minus Minimum)..... | <b>50 #</b>      | <b>52 #</b>      |
| Was pressure change an increase or a decrease?.....      | <b>INCREASE</b>  | <b>DECREASE</b>  |

Well closed at (hour, date): 4-5-89 11:30 AM Total Time On Production 24 hours

Oil Production Gas Production

During Test: 27 bbls; Grav. \_\_\_\_\_ During Test 11 MCF; GOR 407

Remarks \_\_\_\_\_

**FLOW TEST NO. 2**

Well opened at (hour, date): 4-6-89 11:30 AM

|  |                  |                  |
|--|------------------|------------------|
| Indicate by ( X ) the zone producing.....                | Upper Completion | Lower Completion |
|  | <b>X</b>         |                  |
| Pressure at beginning of test.....                       | <b>180 #</b>     | <b>120 #</b>     |
| Stabilized? (Yes or No).....                             | <b>Yes</b>       | <b>Yes</b>       |
| Maximum pressure during test.....                        | <b>180 #</b>     | <b>120 #</b>     |
| Minimum pressure during test.....                        | <b>45 #</b>      | <b>120 #</b>     |
| Pressure at conclusion of test.....                      | <b>45 #</b>      | <b>120 #</b>     |
| Pressure change during test (Maximum minus Minimum)..... | <b>135 #</b>     | <b>- 0 -</b>     |
| Was pressure change an increase or a decrease?.....      | <b>DECREASE</b>  | <b>-</b>         |

Well closed at (hour, date): 4-7-89 11:30 A Total time on Production 24 hours

Oil production Gas Production

During Test: 0 bbls; Grav. -; During Test 21 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 **Harlan Robertson**

Signature **HARLAN ROBERTSON**

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Date **4-7-89** Telephone No. **397-5933**

**OIL CONSERVATION DIVISION**

**APR 13 1989**

Date Approved \_\_\_\_\_

By **ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT I SUPERVISOR**

Title \_\_\_\_\_