

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

NEW MEXICO OIL CONSERVATION COMMISSION

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator CONOCO INC.				Lease LOCKHART B-14A		Well No. 2	
Location of Well	Unit P	Sec 14	Twp 21	Rge 37	County 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	BLINEBRY		SI	SI	SI	SI	
Lower Compl	TUBB		SI	SI	SI	SI	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): **9:00 A.M. 10-19-81**

Well opened at (hour, date): **9:00 A.M. 10-20-81**

Upper Completion	Lower Completion
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Indicate by (X) the zone producing..... **X**

Pressure at beginning of test..... **860** **460**

Stabilized? (Yes or No)..... **YES** **YES**

Maximum pressure during test..... **860** **30**

Minimum pressure during test..... **860** **30**

Pressure at conclusion of test..... **860** **30**

Pressure change during test (Maximum minus Minimum)..... **0** **0**

Was pressure change an increase or a decrease?..... **-** **-**

Well closed at (hour, date): **9:00AM 10-21-81**

Total Time On Production	24 HRS.
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Oil Production
During Test: **0** bbls; Grav. _____; Gas Production
During Test **0** MCF; GOR _____

Remarks **NO EVIDENCE OF COMMUNICATION**

FLOW TEST NO. 2

Well opened at (hour, date): _____

Upper Completion	Lower Completion
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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	_____
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Oil Production
During Test: _____ bbls; Grav. _____; Gas Production
During Test _____ MCF; GOR _____

Remarks _____

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

Approved _____ 19 _____ Operator **CONOCO INC.**

New Mexico Oil Conservation Commission

By **C. J. Cuy**

Title **PRODUCTION TECHNICIAN**

Date **10-21-81**



Production Department
Hobbs Division
Western Hemisphere Petroleum Division

Conoco Inc.
P. O. Box 460
1001 North Turner
Hobbs, NM 88240
(505) 393-4141

New Mexico Oil Conservation Commission
P.O. Box 1980
Hobbs, New Mexico 88240

Gentlemen:

In compliance with Rules and Regulations of the New Mexico Oil Conservation Commission, this is to advise that a packer leakage test will be conducted at the time listed below on the following Conoco Inc. well:

Well Name LOCKHART B-14A #2

Location P-14-21-37

Field(s) BLINEBRY (SI) TUBB (SI)

All Zones To Be Shut-In:

BLINEBRY Zone Opened

TUBB Zone Opened

_____ Zone Opened

_____ Zone Opened

_____ Zone Opened

Date 10-19-81 Time 9:00 A.M.

Date 10-20-81 Time 9:00 A.M.

Date 10-22-81 Time 9:00 A.M.

Date _____ Time _____

Date _____ Time _____

Date _____ Time _____

Date 10-23-81 Time 9:00 A.M.

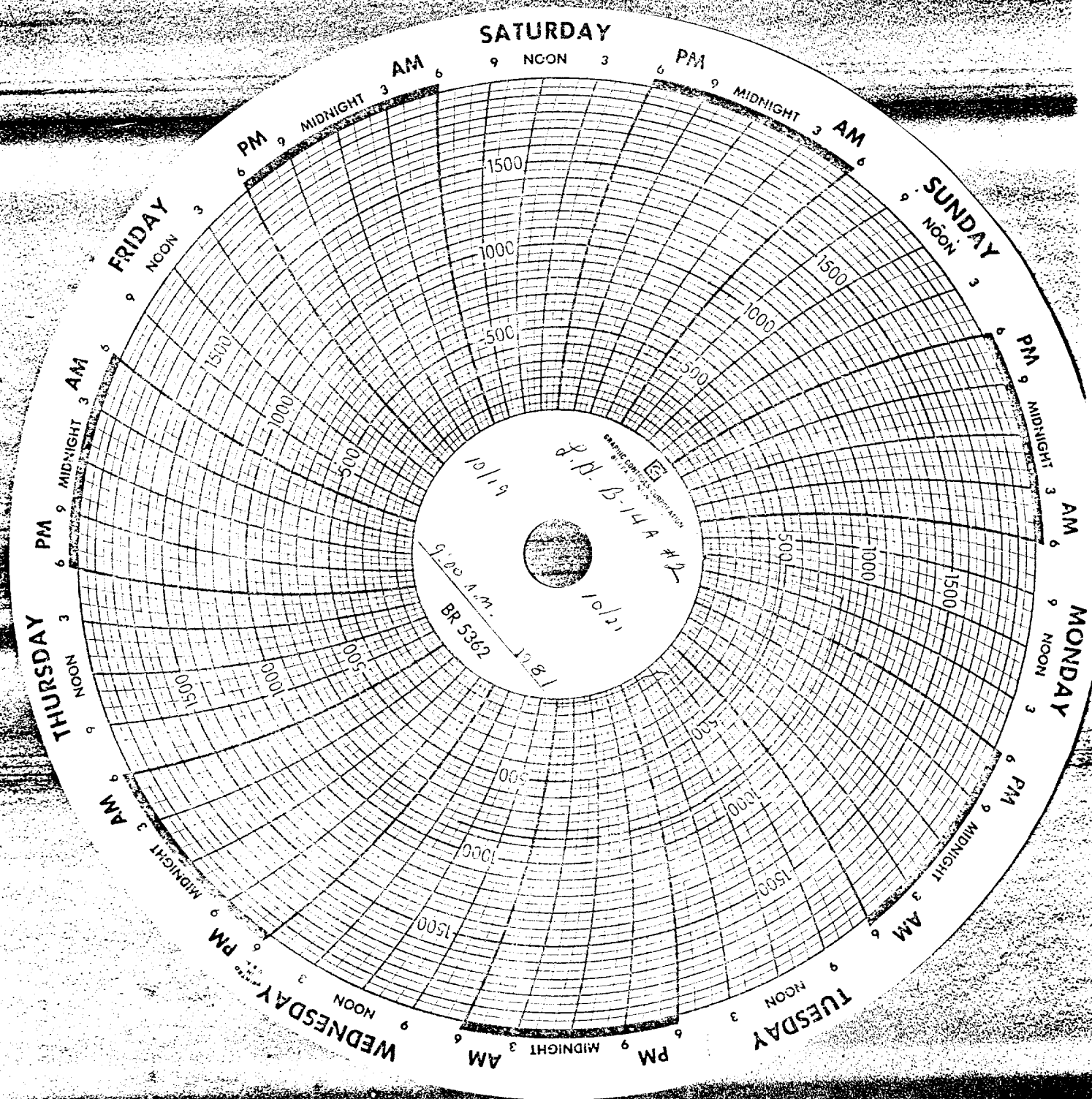
Test will be completed:

Yours very truly,

C. J. Coy

Test Engineer

cc: EPNG, CJC, RAB
(2)



HOBBS DIVISION
AUTOMATIC WELL TEST DATA

WELL NAME & NO.: Jackplant 68-1479 #2 POOL: Jackplant

DATE & TIME ON: 10-20-81 9:00AM DATE & TIME OFF: 10-21-81 9:00AM

METHOD OF PRODUCING: Flow CHOKE: 1 1/4 TP 1 C.P. 1

PUMP SIZE: _____ LENGTH OF STROKE: _____ " SPM _____
OIL PRODUCTION GAS PRODUCTION WATER PRODUCTION

CLOSING READING: _____

OPENING READING: _____

TOTAL: _____

GAS GRAVITY: _____ GAS TEMP: _____

GOR: _____ CALCULATED BY: _____

TEST TAKEN BY: [Signature] PRODUCTION FOREMAN: _____
(Signature)

DATE TEST BOOK POSTED: _____ BY: _____