

**NEW MEXICO ENERGY, MINERALS
& NATURAL RESOURCES DEPARTMENT**

NORTHWEST NEW MEXICO PACKER -LEAKAGE TEST

Operator ConocoPhillips Co. Lease Name SAN JUAN 28-7 Well No. 61A

Location of Well: Unit Letter P Sec. 10 Twp. 28 Range 7
Location of well API # 30-0 3922208

	NAME OF RESERVOIR OR POOL	TYPE OF PROD. (Oil or Gas)	METHOD OF PROD. (Flow or Art. Lift)	PROD. MEDIUM (Tbg. Or Csg)
Upper Completion	PICTURE CLIFF	GAS	FLOW	TUBING
Lower Completion	MESA VERDE	GAS	FLOW	TUBING

PRE-FLOW SHUT-IN PRESSURE DATA

Upper Completion	Hour shut-in	Date shut-in	Instant SI Pressure	SI press. Psig	Stabilized? (Yes or No)
	9:30AM	9/27/2004	94	172	YES
Lower Completion	Hour shut-in	Date shut-in		SI press. Psig	Stabilized? (Yes or No)
	9:30AM	9/27/2004	90	145	YES

BUILD-UP & FLOW TEST NO. 1

Flow started (hour,date)	10:00AM	9/30/2004	Zone producing (upper or lower)	UPPER
TIME Date	LAPSED TIME SINCE*	PRESSURE Upper Lower		Remarks
10:00AM	Day 1	165	140	Both zones shut-in
10:00AM	Day 2	170	140	Both zones shut-in
10:00AM	Day 3	172	143	Both zones shut-in
10:00AM	Day 4	88	145	opened higher press.zone to production
10:00AM	Day 5	78	145	if pressures cross-over test finished
	Day 6			

Production rate during test

Oil	0	BOPD based on		Bbls.in		Hours		Grav.		GOR
Gas	95	MCFPD; Tested thru (Orifice or Meter):		METER						

MID-TEST SHUT-IN PRESSURE DATA (for new well)

Upper Completion	Hour	Date	Length of time shut-in	SI press. Psig	Stabilized? (Yes or No)
Lower Completion	Hour	Date	Length of time shut-in	SI press. Psig	Stabilized? (Yes or No)

FLOW TEST NO. 2 (for new well)

Commenced at (hour, date)			Zone producing (upper or lower)	
TIME (hour, date)	LAPSED TIME SINCE*	PRESSURE Upper Lower		Remarks

Production rate during test

Oil	0.2	BOPD based on		Bbls.in		Hours		Grav.		GOR
Gas	165	MCFPD; Tested thru (Orifice or Meter):								

Remarks

2004 TEST . NO COMMUNICATION

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

Approved OCT 15 2004 Date _____
New Mexico Oil Conservation Division

Operator ConocoPhillips Co.
By R FARMER

By [Signature] Date _____

Title MSO

Title DEPUTY OIL & GAS INSPECTOR, DIST. #2

Date 10/2/04

All shaded boxes shall be filled out by tester before being sent in.

