

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

NORTHWEST NEW MEXICO PACKER -LEAKAGE TEST

Operator ConocoPhillips Co. Lease Name Axi Apache Well No. N-11

Location of Well: Unit Letter P Sec. 12 Twp. 25N Range 4W
Location of well API # 30-0 30-039-21255

	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	Csg
Lower Completion	Mesa Verde	gas	TSI'd	Tbg

PRE-FLOW SHUT-IN PRESSURE DATA

Upper Completion	Hour shut-in	Date shut-in	Instant SI Pressure	SI press. Psig	Stabilized? (Yes or No)
	10:00am	10/18/2004	52	70	Yes
Lower Completion	Hour shut-in	Date shut-in	Instant SI Pressure	SI press. Psig	Stabilized? (Yes or No)
	10:00am	10/18/2004	0	0	Yes

BUILD-UP & FLOW TEST NO. 1

Flow started (hour,date)	10:00am	10/18/2004	Zone producing (upper or lower)	upper
TIME Date	LAPSED TIME SINCE*	PRESSURE Upper Lower		Remarks
10/18/2004	Day 1	65	0	Both zones shut-in
10/19/2004	Day 2	70	0	Both zones shut-in
10/20/2004	Day 3	70	0	opened PC
10/21/2004	Day 4	53	0	MV TSI'D
	Day 5			
	Day 6			

Production rate during test

Oil		BOPD based on		Bbls.in		Hours		Grav.		GOR
Gas	7	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		BOPD based on		Bbls.in		Hours		Grav.		GOR
Gas	7	MCFPD; Tested thru (Orifice or Meter):								

Remarks

MV TSI'D. PC producing off of casing tubing is plugged

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

Approved NOV 22 2004 Date _____
New Mexico Oil Conservation Division

Operator ConocoPhillips Co.
By Isley Cassador

By [Signature] Date _____

Title MSO

Title DEPUTY OIL & GAS INSPECTOR, DIST. 48

Date 10/21/04

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