

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

NORTHWEST NEW MEXICO PACKER -LEAKAGE TEST

Operator ConocoPhillips Co. Lease Name Jicarilla A- Well No. 10

Location of Well: Unit Letter O Sec. 23 Twp. 26 Range 4
Location of well API # 30-0 3003920117

	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	P.C.	Gas	Flow	tbg.
Lower Completion	M.V./DK	Gas	Flow	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)
	9:30 a.m.	3/7/2005	36	43	yes
Lower Completion	Hour shut-in	Date shut-in	Instant SI Pressure		Stabilized? (Yes or No)
	9:36 a.m.	3/7/2005	92	381	yes

BUILD-UP & FLOW TEST NO. 1

Flow started (hour,date)	11:15 a.m.	3/10/2005	Zone producing (upper or lower)	Lower
TIME Date	LAPSED TIME SINCE*	PRESSURE Upper Lower		Remarks
3/7/2005	Day 1	36	225	Both zones shut-in
3/8/2005	Day 2	36	361	Both zones shut-in
3/9/2005	Day 3	39	381	Both zones shut-in
3/10/2005	Day 4	43	40	opened higher press.zone to production
3/11/2005	Day 5	43	18	if pressures cross-over test finished
	Day 6			

Production rate during test

Oil	0	BOPD based on		Bbls.in		Hours		Grav.		GOR
Gas	109	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		MCFPD; Tested thru (Orifice or Meter):								

Remarks

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

Approved MAR 30 2005 Date _____ Operator ConocoPhillips Co.
New Mexico Oil Conservation Division By Sylvester Gomez
By Charles Hernandez Date _____ Title MSO
Title SUPERVISOR DISTRICT # 3 Date 3/14/05

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