

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

NORTHWEST NEW MEXICO PACKER -LEAKAGE TEST

Operator ConocoPhillips Co. Lease Name Jicarilla D Well No. 11

Location of Well: Unit Letter A Sec. 29 Twp. 26 Range 3
Location of well API # 30-0 3003920566

	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.	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)
	9:45 a.m.	9/11/2006	50	137	yes
Lower Completion	Hour shut-in	Date shut-in	Instant SI Pressure	SI press. Psig	Stabilized? (Yes or No)
	9:45 a.m.	9/11/2006	80	392	yes

BUILD-UP & FLOW TEST NO. 1

Flow started (hour,date)	9:30 a.m.	9/13/2006	Zone producing (upper or lower)	lower
TIME Date	LAPSED TIME SINCE*	PRESSURE		Remarks
		Upper	Lower	
9/11/2006	Day 1	90	278	Both zones shut-in
9/12/2006	Day 2	133	390	Both zones shut-in
9/13/2006	Day 3	137	392	Both zones shut-in
9/14/2006	Day 4	137	202	opened higher press.zone to production
9/15/2006	Day 5	137	119	if pressures cross-over test finished
	Day 6			

Production rate during test

Oil	0.25	BOPD based on		Bbls.in		Hours		Grav.		GOR
Gas	53	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		Remarks
		Upper	Lower	

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 OCT 05 2006 Date _____ Operator ConocoPhillips Co.
New Mexico Oil Conservation Division By Sylvester Gomez
By Charles Kern Date _____ Title MSO
Title SUPERVISOR DISTRICT # 3 Date 9/15/06

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