

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

NORTHWEST NEW MEXICO PACKER -LEAKAGE TEST

Operator CONOCOPHILLIPS Lease Name San Juan 28-7 Well No. 174

Location of Well: Unit Letter P Sec. 21 Twp. 27 Range 7
Location of well API # 30-0 39 2069800

	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	PC	Gas	FLOW	TBG
Lower Completion	CH	Gas	SHUTIN	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)
	1:45 PM	8/26/2003	128	162	YES
Lower Completion	Hour shut-in	Date shut-in	Instant SI Pressure	SI press. Psig	Stabilized? (Yes or No)
	1:45 PM	8/26/2003	0	0	YES

FLOW TEST NO. 1

Commenced at (hour, date)	2:15 PM	8/27/2003	Zone producing (upper or lower)	UPPER
TIME Date	LAPSED TIME SINCE*	PRESSURE Upper Lower	Remarks	
8/27/2003	24 hr	162 0	OPENED PC	
8/28/2003	48 hr	122 0		

Production rate during test

Oil	0	BOPD based on	X	Bbls.in		Hours		Grav.		GOR
Gas	3	MCFPD; Tested thru (Orifice or Meter):			Orifice					

MID-TEST SHUT-IN PRESSURE DATA

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

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 _____ Date _____
New Mexico Oil Conservation Division

Operator CONOCOPHILLIPS
By [Signature]

By [Signature] Date _____

Title MSO

Title DEPUTY OIL & GAS INSPECTOR, DIST. 3

Date 9/02/03

