

This form is to be used for reporting packer leakage tests in Southeast New Mexico

NEW MEXICO OIL CONSERVATION COMMISSION
SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>Conoco, Inc.</u>			Lease <u>State T-2</u>			Well No. <u>9</u>	
Location of Well	Unit <u>G</u>	Sec <u>2</u>	Twp <u>22S</u>	Rge <u>36E</u>	County <u>Lea</u>		
Name of Reservoir or Pool		Type of Prod (Oil or Gas)	Method of Prod Flow, Art Lift	Prod. Medium (Tbg or Csg)	Choke Size		
Upper Compl	<u>Eumont</u>	<u>Gas</u>	<u>Flow</u>	<u>Csg</u>	<u>Open</u>		
Lower Compl	<u>Arrowhead Grayburg</u>	<u>SI</u>	<u>SI</u>	<u>SI</u>	<u>-</u>		

FLOW TEST NO. 1

Well zones shut-in at (hour, date): 10:45 am 10-19-87

	Upper Completion	Lower Completion
Well opened at (hour, date): <u>12:45 pm 10-20-87</u>		
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>0</u>	<u>310</u>
Stabilized? (Yes or No).....	<u>-</u>	<u>No</u>
Maximum pressure during test.....	<u>0</u>	<u>310</u>
Minimum pressure during test.....	<u>0</u>	<u>75</u>
Pressure at conclusion of test.....	<u>0</u>	<u>75</u>
Pressure change during test (Maximum minus Minimum).....	<u>0</u>	<u>235</u>
Was pressure change an increase or a decrease?.....	<u>-</u>	<u>Dec.</u>
Well closed at (hour, date): <u>12:45 pm 10-21-87</u>	Total Time On Production <u>24 Hrs.</u>	
Oil Production	Gas Production	
During Test: <u>0</u> bbls; Grav. _____	During Test <u>320</u> MCF; GOR _____	
Remarks <u>No Evidence of Communication.</u>		

FLOW TEST NO. 2

	Upper Completion	Lower Completion
Well opened at (hour, date): _____		
Indicate by (X) the zone producing.....		
Pressure at beginning of test.....		
Stabilized? (Yes or No).....		
Maximum pressure during test.....		
Minimum pressure during test.....		
Pressure at conclusion of test.....		
Pressure change during test (Maximum minus Minimum).....		
Was pressure change an increase or a decrease?.....		
Well closed at (hour, date) _____	Total time on Production _____	
Oil Production	Gas Production	
During Test: _____ bbls; Grav. _____	During Test _____ MCF; GOR _____	
Remarks _____		

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

Approved OCT 26 1987 19
New Mexico Oil Conservation Commission

Operator Conoco, Inc.
By Tom C. Gadddeell

By ORIGINAL SIGNED BY JERRY SEXTON
Title DISTRICT SUPERVISOR

Title Production Technician
Date 10-21-87