Submit 3 Copies to Appropriate Dist. Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Revised 1-1-89

INSTRUCTIONS ON REVERSE SIDE

This form is not to be used for reporting packer leakage tests in Northwest New Mexico

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator			Lease		Well No.
CONOCO INC			WARREN UNIT		112
Location of Well: Unit G	Sec. 28	Twp 20 - S	Rge 38 E	County LEA	

	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	Warren Blinebry/Tubb ~~Oil Gas~~	Oil	Flow	Tbg	Open
Lower Compl	WARREN DRINKARD	Oil	Flow	Tbg	Open

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:00AM MONDAY, SEPT 26, 1994

Well opened at (hour, date): 9:00AM 9/27/94

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	1044	1170
Stabilized? (Yes or No)	YES	NO
Maximum pressure during test	1044	1170
Minimum pressure during test	1044	366
Pressure at conclusion of test	1044	366
Pressure change during test (Maximum minus Minimum)	0	804
Was pressure change an increase or a decrease?	NA	decrease

Well closed at (hour, date): 9:00AM 9/28/94 Total Time On Production 24 hrs

Oil Production During Test: 131 bbls; Grav. _____ Gas Production During Test 2885 MCF; GOR 22,023

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 9:00AM 9/29/94

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	1078	1250
Stabilized? (Yes or No)	YES	NO
Maximum pressure during test	1078	1290
Minimum pressure during test	490	1250
Pressure at conclusion of test	520	1290
Pressure change during test (Maximum minus Minimum)	588	40
Was pressure change an increase or a decrease?	decrease	increase

Well closed at (hour, date) 9:00AM 9/30/94 Total time on Production 24 hrs

Oil production During Test: 5 bbls; Grav. _____; Gas Production During Test 1330 MCF; GOR 443,333

Remarks _____

OPERATOR CERTIFICATE OF COMPLIANCE

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

CONOCO INC
Operator

Signature

HARLAN ROBERTSON Prod Spec
Printed Name Title

OIL CONSERVATION DIVISION

Date Approved OCT 04 1994

By ORIGINAL SIGNED BY
FIELD REP. II

Title _____