

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

NORTHWEST NEW MEXICO PACKER -LEAKAGE TEST

Operator ConocoPhillips Co. Lease Name SAN JUAN 28-7 Well No. 175

Location of Well: Unit Letter E Sec. 28 Twp. 27 Range 7
Location of well API # 30-0 39-20734

	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	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)
	12:00 PM	9/13/2004	141	263	YES
Lower Completion	Hour shut-in	Date shut-in	Instant SI Pressure	SI press. Psig	Stabilized? (Yes or No)
	12:00 PM	9/13/2004	140	286	YES

BUILD-UP & FLOW TEST NO. 1

Flow started (hour,date)		8:30 AM	9/17/2004	Zone producing (upper or lower)	LOWER
TIME Date	LAPSED TIME SINCE*	PRESSURE		Remarks	
		Upper	Lower		
9/14/2004	Day 1	200	234	Both zones shut-in	
9/15/2004	Day 2	234	263	Both zones shut-in	
9/16/2004	Day 3	263	286	Both zones shut-in	
9/17/2004	Day 4	263	286	opened higher press.zone to production	
9/20/2004	Day 5	263	132	if pressures cross-over test finished	
	Day 6				

Production rate during test

Oil	0	BOPD based on		Bbls.in		Hours		Grav.		GOR
Gas	20	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 15 2004 Date _____
New Mexico Oil Conservation Division

Operator ConocoPhillips Co.
By Ivan Brown

By [Signature] Date _____

Title MSO

Title DEPUTY OIL & GAS INSPECTOR, DIST. 00

Date 9/20/04

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

