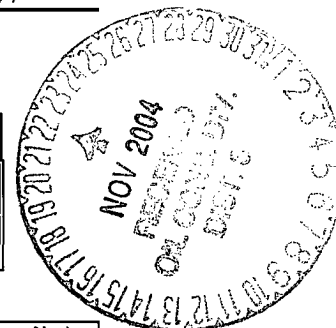


**NEW MEXICO ENERGY, MINERALS
& NATURAL RESOURCES DEPARTMENT**

NORTHWEST NEW MEXICO PACKER -LEAKAGE TEST

Operator ConocoPhillips Co. 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 39-20698



	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	CH		NOT PROD	
Lower Completion	PC	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)
	12:30PM	9/13/2004	2	2	YES
Lower Completion	Hour shut-in	Date shut-in	Instant SI Pressure	SI press. Psig	Stabilized? (Yes or No)
	12:30 PM	9/13/2004	107	109	YES

BUILD-UP & FLOW TEST NO. 1

Flow started (hour,date)	8:45 AM	9/17/2004	Zone producing (upper or lower)	LOWER
TIME Date	LAPSED TIME SINCE*	PRESSURE Upper Lower		Remarks
9/14/2004	Day 1	2	107	Both zones shut-in
9/15/2004	Day 2	2	108	Both zones shut-in
9/16/2004	Day 3	2	109	Both zones shut-in
9/17/2004	Day 4	2	109	opened higher press.zone to production
9/20/2004	Day 5	2	92	if pressures cross-over test finished
	Day 6			

Production rate during test

Oil	0	BOPD based on		Bbls.in		Hours		Grav.		GOR
Gas	8	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 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 NOV 22 2004 Date _____ Operator ConocoPhillips Co.
New Mexico Oil Conservation Division By Ivan Brown
By Chad Turner Date _____ Title MSO
Title DEPUTY OIL & GAS INSPECTOR, DIST. 5 Date 9/20/04

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