

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

NORTHWEST NEW MEXICO PACKER -LEAKAGE TEST

Operator CONOCOPHILLIPS Lease Name San Juan 28-7 Well No. 97

Location of Well: Unit Letter A Sec. 21 Twp. 27 Range 7
Location of well API # 30-079 0701100

	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	MV	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	8/26/2003	135	176	Yes
Lower Completion	Hour shut-in	Date shut-in	Instant SI Pressure	SI press. Psig	Stabilized? (Yes or No)
	12:00 PM	8/26/2003	135	201	Yes

FLOW TEST NO. 1

Commenced at (hour, date)		1:40 PM	8/27/2003	Zone producing (upper or lower)		upper
TIME Date	LAPSED TIME SINCE*	PRESSURE		Remarks		
		Upper	Lower			
8/27/2003	24 hr	176	201	opened MV		
8/28/2003	48	176	130			

Production rate during test

Oil	0	BOPD based on	X	Bbls.in	Hours	Grav.	GOR
Gas	5	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			

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 SEP - 4 2003 Date _____
New Mexico Oil Conservation Division

Operator ConocoPhillips
By [Signature]

By [Signature] Date _____

Title MSO

Title DEPUTY OIL & GAS INSPECTOR, DIST. 60

Date 9/2/03

