

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

NORTHWEST NEW MEXICO PACKER -LEAKAGE TEST

Operator CONOCOPHILLIPS Lease Name San Juan 28-7 Well No. 177

Location of Well: Unit Letter I Sec. 30 Twp. 27 Range 7
Location of well API # 30-0 39 2076200

	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)
	12:45 PM	8/26/2003	147	156	Yes
Lower Completion	Hour shut-in	Date shut-in	Instant SI Pressure	SI press. Psig	Stabilized? (Yes or No)
	12:45 PM	8/26/2003	207	350	Yes

FLOW TEST NO. 1

Commenced at (hour, date)		1:00 AM	8/27/2003	Zone producing (upper or lower)		Lower
TIME Date	LAPSED TIME SINCE*	PRESSURE		Remarks		
		Upper	Lower			
8/27/2003	24 hr	156	350	OPENED CH		
8/28/2003	48 hr	156	135			

Production rate during test

Oil	NA	BOPD based on		Bbls.in		Hours		Grav.		GOR
Gas	55	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
By [Signature] Date _____
Title DEPUTY OIL & GAS INSPECTOR, DIST.

Operator CONOCOPHILLIPS
By [Signature]
Title MSO
Date 9/02/03

