

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

OIL CONSERVATION DIVISION

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

INSTRUCTIONS ON REVERSE
SIDE

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

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>CONOCO INC</u>			Lease <u>REED B</u>			Well No. <u>#12</u>		
Location of Well		Unit <u>K</u>	Sec. <u>24</u>	Twp <u>20S</u>	Rge <u>36E</u>	County <u>LEA</u>		
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	<u>EUMONT YATES TRVR QN</u>			<u>GAS</u>	<u>Flow</u>	<u>Csg.</u>		<u>OPEN</u>
Lower Compl	<u>EUNICE MONUMENT (G-SA)</u>			<u>OIL</u>	<u>ART. LIFT</u>	<u>Tbg</u>		<u>OPEN</u>

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 4-2-90 11:00 AM

Well opened at (hour, date): 4-3-90 11:00 AM

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>252[#]</u>	<u>0</u>
Stabilized? (Yes or No).....	<u>YES</u>	<u>YES</u>
Maximum pressure during test.....	<u>252[#]</u>	<u>0</u>
Minimum pressure during test.....	<u>252[#]</u>	<u>0</u>
Pressure at conclusion of test.....	<u>252[#]</u>	<u>0</u>
Pressure change during test (Maximum minus Minimum).....	<u>0</u>	<u>0</u>
Was pressure change an increase or a decrease?.....	<u>NA</u>	<u>NA</u>
Well closed at (hour, date): <u>4-4-90 11:00 AM</u>	Total Time On Production <u>24 hrs</u>	
Oil Production During Test: <u>0</u> bbls; Grav. _____	Gas Production During Test <u>0</u> MCF; GOR _____	
Remarks _____		

FLOW TEST NO. 2

Well opened at (hour, date): 4-5-90 11:00 AM

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>252[#]</u>	<u>0</u>
Stabilized? (Yes or No).....	<u>YES</u>	<u>YES</u>
Maximum pressure during test.....	<u>252[#]</u>	<u>0</u>
Minimum pressure during test.....	<u>45[#]</u>	<u>0</u>
Pressure at conclusion of test.....	<u>45[#]</u>	<u>0</u>
Pressure change during test (Maximum minus Minimum).....	<u>207[#]</u>	<u>0</u>
Was pressure change an increase or a decrease?.....	<u>DECREASE</u>	<u>NA</u>
Well closed at (hour, date): <u>4-6-90 11:00 AM</u>	Total time on Production <u>24 hrs</u>	
Oil production During Test: <u>0</u> bbls; Grav. _____	Gas Production During Test <u>12</u> MCF; GOR _____	
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
Harlan Robertson
Signature
HARLAN ROBERTSON Prod. Spec.
Printed Name Title
4-6-90 505-397-5932
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 20 1990
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
Title _____

RECEIVED

APR 17 1990

POST OFFICE