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Appropriate Dist. Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Revised 1-1-89

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 YTS TRVR QN</u>		<u>GAS</u>	<u>FLOW</u>	<u>Csg</u>	<u>OPEN</u>	
Lower Compl	<u>EUNICE MONUMENT GB/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): 4-3-89 NOON

Well opened at (hour, date): 4-4-89 NOON

	Upper Completion	Lower Completion
Indicate by ( X ) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>250<sup>#</sup></u>	<u>73<sup>#</sup></u>
Stabilized? (Yes or No).....	<u>YES</u>	<u>YES</u>
Maximum pressure during test.....	<u>250<sup>#</sup></u>	<u>74<sup>#</sup></u>
Minimum pressure during test.....	<u>90<sup>#</sup></u>	<u>73<sup>#</sup></u>
Pressure at conclusion of test.....	<u>90<sup>#</sup></u>	<u>74<sup>#</sup></u>
Pressure change during test (Maximum minus Minimum).....	<u>160<sup>#</sup></u>	<u>1<sup>#</sup></u>
Was pressure change an increase or a decrease?.....	<u>DECREASE</u>	<u>DECREASE</u>
Well closed at (hour, date): <u>4-5-89 NOON</u>	Total Time On Production <u>24 hours</u>	
Oil Production During Test: <u>3</u> bbls; Grav. _____	Gas Production During Test <u>6</u> MCF; GOR <u>2000</u>	

Remarks \_\_\_\_\_

Well opened at (hour, date): 4-6-89 NOON FLOW TEST NO. 2

	Upper Completion	Lower Completion
Indicate by ( X ) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>250<sup>#</sup></u>	<u>74<sup>#</sup></u>
Stabilized? (Yes or No).....	<u>YES</u>	<u>YES</u>
Maximum pressure during test.....	<u>250<sup>#</sup></u>	<u>74<sup>#</sup></u>
Minimum pressure during test.....	<u>250<sup>#</sup></u>	<u>31<sup>#</sup></u>
Pressure at conclusion of test.....	<u>250<sup>#</sup></u>	<u>31<sup>#</sup></u>
Pressure change during test (Maximum minus Minimum).....	<u>0</u>	<u>43<sup>#</sup></u>
Was pressure change an increase or a decrease?.....	<u>-</u>	<u>DECREASE</u>
Well closed at (hour, date): <u>4-7-89 NOON</u>	Total time on Production <u>24 hours</u>	
Oil production During Test: <u>0</u> bbls; Grav. <u>NA</u>	Gas Production During Test <u>15</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 Title PROD. TECH

Printed Name 4-7-89 Telephone No. 505-397-5933

Date \_\_\_\_\_

OIL CONSERVATION DIVISION

**APR 13 1989**

Date Approved \_\_\_\_\_

By ORIGINAL SIGNED BY JERRY SEXTON

Title DISTRICT I SUPERVISOR

RECEIVED  
APR 11 1964  
OCD  
HOBBS OFFICE