

Submit 3 Copies to
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

INSTRUCTIONS ON REVERSE
SIDE

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

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

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>CONOCO INC</u>		Lease <u>STATE A-17</u>		Well No. <u>3</u>	
Location of Well	Unit <u>L</u>	Sec. <u>17</u>	Twp <u>19S</u>	Rge <u>37E</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 TRUR QN</u>	<u>GAS</u>	<u>FLOW</u>	<u>Csg</u>	<u>OPEN</u>
Lower Compl	<u>ELWICE MONUMENT GB/BA</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 10:00am

Well opened at (hour, date): 4-3-90 10:00AM

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>140[#]</u>	<u>0</u>
Stabilized? (Yes or No).....	<u>YES</u>	<u>YES</u>
Maximum pressure during test.....	<u>145[#]</u>	<u>0</u>
Minimum pressure during test.....	<u>5[#]</u>	<u>0</u>
Pressure at conclusion of test.....	<u>5[#]</u>	<u>0</u>
Pressure change during test (Maximum minus Minimum).....	<u>140[#]</u>	<u>0</u>
Was pressure change an increase or a decrease?.....	<u>DECREASE</u>	<u>—</u>
Well closed at (hour, date): <u>4-4-90</u> <u>10:00am</u>	Total Time On Production <u>24 hours</u>	
Oil Production	Gas Production	
During Test: <u>0</u> bbls; Grav. _____	During Test <u>Too Small to MEASURE</u> MCF; GOR _____	
Remarks _____		

FLOW TEST NO. 2

Well opened at (hour, date): 4-5-90 10:00AM

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>5[#]</u>	<u>0</u>
Stabilized? (Yes or No).....	<u>YES</u>	<u>YES</u>
Maximum pressure during test.....	<u>145[#]</u>	<u>0</u>
Minimum pressure during test.....	<u>5[#]</u>	<u>0</u>
Pressure at conclusion of test.....	<u>145[#]</u>	<u>0</u>
Pressure change during test (Maximum minus Minimum).....	<u>140[#]</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</u> <u>10:00AM</u>	Total time on Production <u>24 hours</u>	
Oil production	Gas Production	
During Test: <u>0</u> bbls; Grav. _____	During Test <u>0</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
4-6-90 397-5932
Date Telephone No.

OIL CONSERVATION DIVISION

APR 20 1990

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