ubmit 3 Copies to
ppropriate Dist. Office

ISTRICT I
.O. Box 1980, Hobbs, NM 88240

ISTRICT II
.O. Drawer DD, Artesia, NM 88210

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Revised 1-1-89

INSTRUCTIONS ON REVERSE SIDE

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator	CONOCO INC		Lease	STATE A-17		Well No.	3
Location of Well	Unit L	Sec. 17	Twp 19S	Rge 37E		County	LEA
	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	EUMONT YTS TRVR QN		GAS	FLOW	Csg		OPEN
Lower Compl	EUNICE MONUMENT GB/SA		OIL	ART. LIFT	Tbg		OPEN

FLOW TEST NO. 1

oth zones shut-in at (hour, date): 4-3-89 10:00am

	Upper Completion	Lower Completion
Vell opened at (hour, date):	4-4-89 10:00am	
ndicate by (X) the zone producing	X	
ressure at beginning of test	142#	0
tabilized? (Yes or No)	YES	YES
Maximum pressure during test	142#	0
inimum pressure during test	10#	0
essure at conclusion of test	10#	0
essure change during test (Maximum minus Minimum)	132#	0
as pressure change an increase or a decrease?	DECREASE	—

ell closed at (hour, date): 4-5-89 10:00am Total Time On Production 24 hours

l Production ring Test: 0 bbls; Grav. _____ Gas Production During Test Too Small to measure MCF; GOR _____

marks _____

FLOW TEST NO. 2

ell opened at (hour, date): 4-6-89 10:00am

	Upper Completion	Lower Completion
ndicate by (X) the zone producing		X
ssure at beginning of test	142#	0
bilized? (Yes or No)	YES	YES
ximum pressure during test	142#	0
imum pressure during test	142#	0
sure at conclusion of test	142#	0
sure change during test (Maximum minus Minimum)	0	0
pressure change an increase or a decrease?	—	—

l closed at (hour, date) 4-7-89 10:00A Total time on Production 24 hours

roduction ng Test: 0 bbls; Grav. _____; Gas Production During Test 0 MCF; GOR _____

arks _____

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. TECH.
Printed Name — Title

4-7-89 — 397-5933
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 13 1989

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____