

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</u>			Lease <u>BRITT B</u>			Well No. <u>8</u>		
Location of Well		Unit <u>J</u>	Sec <u>15</u>	Twp <u>20</u>	Rge <u>37</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>EUY7RQ</u>				<u>OIL</u>	<u>ART LIFT</u>	<u>TBG</u>		<u>OPEN</u>
Lower Compl <u>EUN-MON GRAYBURG</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): 9:30 AM - 4-4-88

Well opened at (hour, date): <u>9:30 AM - 4-5-88</u>	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>40</u>	<u>20</u>
Stabilized? (Yes or No).....	<u>YES</u>	<u>YES</u>
Maximum pressure during test.....	<u>373</u>	<u>465</u>
Minimum pressure during test.....	<u>40</u>	<u>20</u>
Pressure at conclusion of test.....	<u>40</u>	<u>20</u>
Pressure change during test (Maximum minus Minimum).....	<u>333</u>	<u>445</u>
Was pressure change an increase or a decrease?.....	<u>Inc</u>	<u>Inc</u>
Well closed at (hour, date): <u>9:30 AM - 4-6-88</u>	Total Time On Production <u>24 Hrs</u>	
Oil Production	Gas Production	
During Test: <u>0</u> bbls; Grav. _____	During Test <u>TSTM</u>	MCF; GOR _____
Remarks <u>WELL SI NOT ECONOMICAL TO PRODUCE</u>		

FLOW TEST NO. 2

Well opened at (hour, date): <u>9:30 AM - 4-7-88</u>	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>40</u>	<u>20</u>
Stabilized? (Yes or No).....	<u>YES</u>	<u>YES</u>
Maximum pressure during test.....	<u>373</u>	<u>465</u>
Minimum pressure during test.....	<u>40</u>	<u>20</u>
Pressure at conclusion of test.....	<u>40</u>	<u>20</u>
Pressure change during test (Maximum minus Minimum).....	<u>333</u>	<u>445</u>
Was pressure change an increase or a decrease?.....	<u>Inc</u>	<u>Inc</u>
Well closed at (hour, date) _____	Total time on Production _____	
Oil Production	Gas Production	
During Test: <u>5</u> bbls; Grav. _____	During Test <u>80</u>	MCF; GOR <u>16000</u>
REMARKS: _____		

I hereby certify that the information herein contained is true and complete to the best of my knowledge.

Approved: APR 19 1988 19
Oil Conservation Division

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

Title _____

Operator CONOCO

By Eugene LaCarr

Title PROD. TECH

Date 4-8-88

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