

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

SOUT. ST NEW MEXICO PACKER LEAKAGE T

Operator <u>CONOCO INC.</u>			Lease <u>BRITT B</u>			Well No. <u>10</u>		
Location of Well	Unit <u>F</u>	Sec <u>15</u>	Twp <u>20 S</u>	Rge <u>37 E</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>Wainblin - Man - Tub</u>	<u>oil</u>	<u>art. lift</u>	<u>tbg.</u>	<u>open</u>			
Lower Compl	<u>Wain Drk.</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 1/20/86

Well opened at (hour, date): 9:30 AM 1-21-86

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>38</u>	<u>20</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	<u>450</u>	<u>20</u>
Minimum pressure during test.....	<u>38</u>	<u>20</u>
Pressure at conclusion of test.....	<u>38</u>	<u>20</u>
Pressure change during test (Maximum minus Minimum).....	<u>412</u>	<u>0</u>
Was pressure change an increase or a decrease?.....	<u>INC.</u>	<u>Same</u>

Well closed at (hour, date): 9:30 AM 1-22-86

Oil Production _____ Gas Production _____ Total Time On Production 24 HRS.

During Test: 7 bbls; Grav. _____; During Test 110 MCF; GOR 15,714

Remarks _____

FLOW TEST NO. 2

	Upper Completion	Lower Completion
Well opened at (hour, date): <u>9:30 AM 1-23-86</u>		
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>38</u>	<u>20</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	<u>450</u>	<u>20</u>
Minimum pressure during test.....	<u>38</u>	<u>20</u>
Pressure at conclusion of test.....	<u>38</u>	<u>20</u>
Pressure change during test (Maximum minus Minimum).....	<u>412</u>	<u>0</u>
Was pressure change an increase or a decrease?.....	<u>INC.</u>	<u>Same</u>

Well closed at (hour, date) _____ Total time on Production 24 HRS.

Oil Production _____ Gas Production _____

During Test: 0 bbls; Grav. _____; During Test 0 MCF; GOR _____

REMARKS: _____

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

Approved: FEB 6 - 1986 19
Oil Conservation Division

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

Title _____

Operator CONOCO INC.

By Sam Carpenter

Title Production Technician

Date 1-25-86

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