

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>SEMU BRITT</u>			Well No. <u>61</u>		
Location of Well		Unit <u>P</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>WEIR BLIN.</u>				<u>OIL</u>	<u>ART. LIFT</u>	<u>TBG.</u>		<u>CLOSED</u>
Lower Compl <u>WEIR DRK.</u>				<u>GAS</u>	<u>FLOWING</u>	<u>TBG.</u>		<u>CLOSED</u>

FLOW TEST NO. 1

Both zones shut-in at (hour, date): _____

Well opened at (hour, date): _____	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	_____	_____
Pressure at beginning of test.....	<u>500</u>	<u>850</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	_____	_____
Minimum pressure during test.....	_____	_____
Pressure at conclusion of test.....	_____	_____
Pressure change during test (Maximum minus Minimum).....	_____	_____
Was pressure change an increase or a decrease?.....	_____	_____
Well closed at (hour, date): _____	Total Time On Production _____	
Oil Production _____	Gas Production _____	
During Test: _____ bbls; Grav. _____	; During Test _____ MCF; GOR _____	

Remarks CANNOT TEST. THIS WELL SHUT IN BECAUSE IT IS NOT ECONOMICAL TO PRODUCE

FLOW TEST NO. 2

Well opened at (hour, date): _____	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	_____	_____
Pressure at beginning of test.....	_____	_____
Stabilized? (Yes or No).....	_____	_____
Maximum pressure during test.....	_____	_____
Minimum pressure during test.....	_____	_____
Pressure at conclusion of test.....	_____	_____
Pressure change during test (Maximum minus Minimum).....	_____	_____
Was pressure change an increase or a decrease?.....	_____	_____
Well closed at (hour, date) _____	Total time on Production _____	
Oil Production _____	Gas Production _____	
During Test: _____ bbls; Grav. _____	; During Test _____ MCF; GOR _____	

EMARKS: SAME AS ABOVE

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

Approved: JUN 14 1985
Oil Conservation Division

19 _____

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

Operator CONOCO INC.

By Don Carpenter

Title Production Technician

Date 3-11-85

DEC 30 1968
G.C.
HONOLULU