Submit 3 Copies to Appropriate Dist. Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico
Energy, Minerals and Natural Resources Departme

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			Lease		Well No.
CONOCO INC			LOCKHART A-27		#5
Location of Well: Unit	Sec.	Twp	Rge	County	
A	27	21	37 E	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	BLINEBRY	GAS	FLOW	TBG	OPEN
Lower Compl	DRINKARD	OIL	FLOW	TBG	OPEN

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 4-17-95 10:30 AM

Well opened at (hour, date): 04-18-95 3:00 PM

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	25	30
Stabilized? (Yes or No)	NO	YES
Maximum pressure during test	150	245
Minimum pressure during test	25	30
Pressure at conclusion of test	150	30
Pressure change during test (Maximum minus Minimum)	125	215
Was pressure change an increase or a decrease?	INCREASE	DECREASE

Well closed at (hour, date): 04-19-95 3:00 PM
Total Time On Production 24 Hrs.

Oil Production During Test: 0 bbls; Grav. _____ Gas Production During Test 55 MCF; GOR _____

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 04-20-95 3:00 PM

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	150	240
Stabilized? (Yes or No)	YES	NO.
Maximum pressure during test	150	240
Minimum pressure during test	20	240
Pressure at conclusion of test	20	240
Pressure change during test (Maximum minus Minimum)	DECREASE -130	—
Was pressure change an increase or a decrease? 04	DECREASE	—

Well closed at (hour, date) 04-21-95 3:00 PM
Total time on Production 24 Hr.

Oil production During Test: 0 bbls; Grav. _____; Gas Production During Test 275 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

Thomas Duncan
Signature

THOMAS DUNCAN. Prod. Specialist.
Printed Name Title

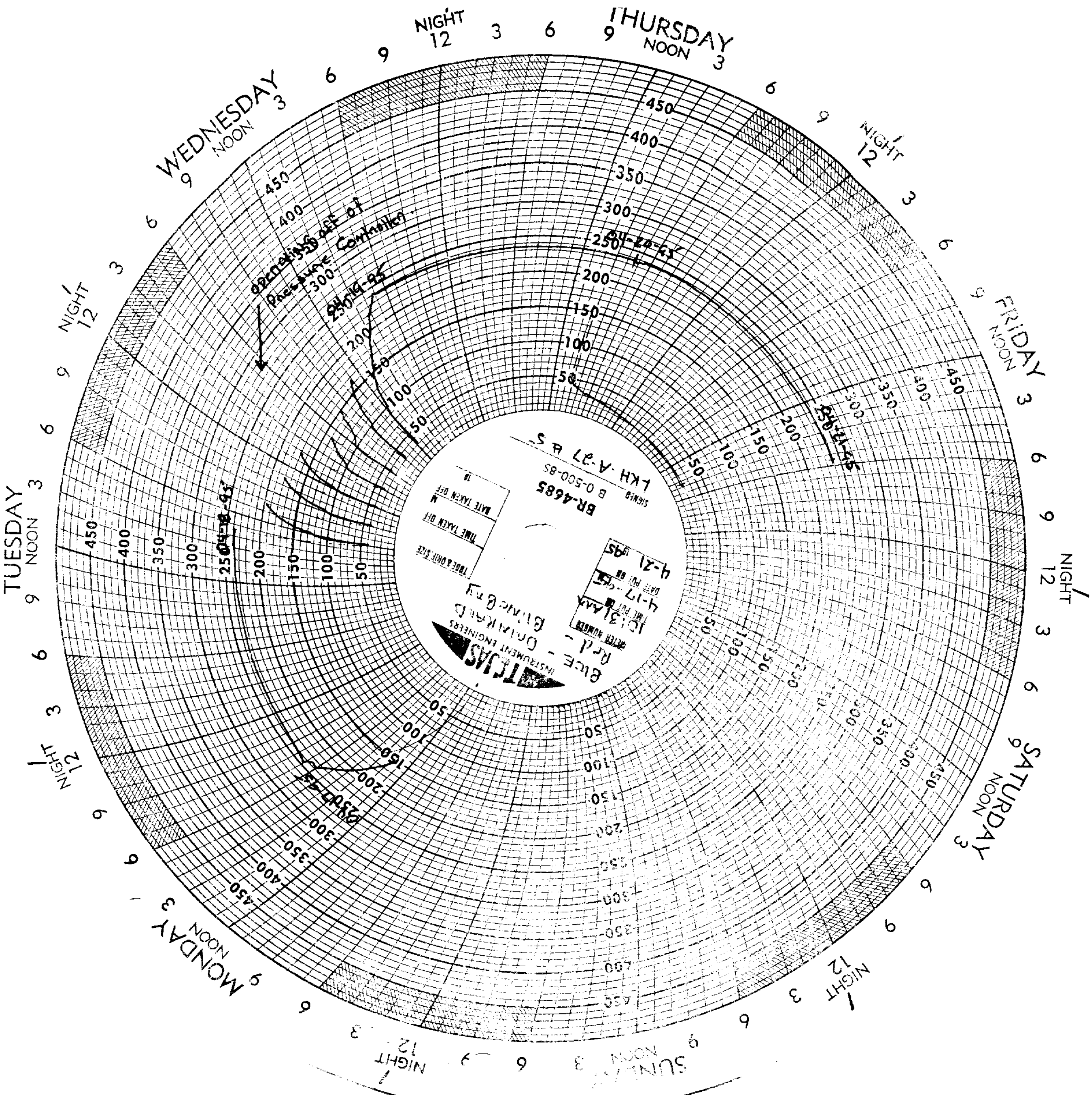
4-21-95 505-394-2359

OIL CONSERVATION DIVISION

MAY 01 1995
Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title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INSTRUMENT ENGINEERS