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 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			Lease		Well No.
Conoco Inc.			Lockhart A-27		5
Location of Well: Unit A	Sec. 27	Twp 21	Rge 37 E	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	Blinebry	Gas	Flow	Tbg.	open
Lower Compl	Drinkard	oil	Flow	Tbg.	Open

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 4-18-94 9:00 A.M.

Well opened at (hour, date): 4-19-94 9:00 A.M

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	30	30
Stabilized? (Yes or No)	no	yes
Maximum pressure during test	300	370
Minimum pressure during test	30	30
Pressure at conclusion of test	300	30
Pressure change during test (Maximum minus Minimum)	270	340
Was pressure change an increase or a decrease?	Increase	Decrease

Well closed at (hour, date): 4-20-94 9:00 A.M. Total Time On Production 24 HRS.

Oil Production During Test: 3 bbls; Grav. _____ Gas Production During Test 60 MCF; GOR _____

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 4-21-94 9:00 A.M.

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	320	380
Stabilized? (Yes or No)	yes	no
Maximum pressure during test	320	400
Minimum pressure during test	30	380
Pressure at conclusion of test	30	400
Pressure change during test (Maximum minus Minimum)	290	20
Was pressure change an increase or a decrease?	decrease	Increase

Well closed at (hour, date) 4-22-94 9:00 A.M. Total time on Production 24 HRS

Oil production During Test: 0 bbls; Grav. _____; Gas Production During Test 710 MCF; GOR _____

Remarks No Evidence of communication

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

Daniel M. Alexander
Signature

Daniel M. Alexander Prod Spec
Title

OIL CONSERVATION DIVISION

Date Approved MAY 13 1994

By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

Title _____