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			WARREN Unit		26
Location of Well: Unit	Sec.	Twp	Rge	County	
M	27	20S	38E	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	Warren Blinebry-Tubb-Drinkard	OTS	Flow	CSG	OPEN 64/64
Lower Compl	Wn Tubb Gas	Gas	Flow	TBG	OPEN 15/64

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 6-3-91 10:00 AM

Well opened at (hour, date): 6-4-91 10:00 AM

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	2	539
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	2	540
Minimum pressure during test	0	539
Pressure at conclusion of test	0	540
Pressure change during test (Maximum minus Minimum)	2	1
Was pressure change an increase or a decrease?	DECREASE	INCREASE

Well closed at (hour, date): 6-5-91 10:00 AM Total Time On Production: 24 HRS.

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

Remarks: WELL was Shut in For Flow Line repair at Beginning of Test. (TUBGS)

FLOW TEST NO. 2

Well opened at (hour, date): 6-6-91 11:00 AM

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	0	550
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	0	550
Minimum pressure during test	0	85
Pressure at conclusion of test	0	85
Pressure change during test (Maximum minus Minimum)	0	465
Was pressure change an increase or a decrease?	SAME	DECREASE

Well closed at (hour, date) 6-7-91 11:00 AM Total time on Production: 24 HRS

Oil production During Test: 3 bbls; Grav. _____; Gas Production During Test: 419 MCF; GOR 139667

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

Eugene LaCour
Signature

Eugene LaCour Prod. Spec.
Printed Name Title

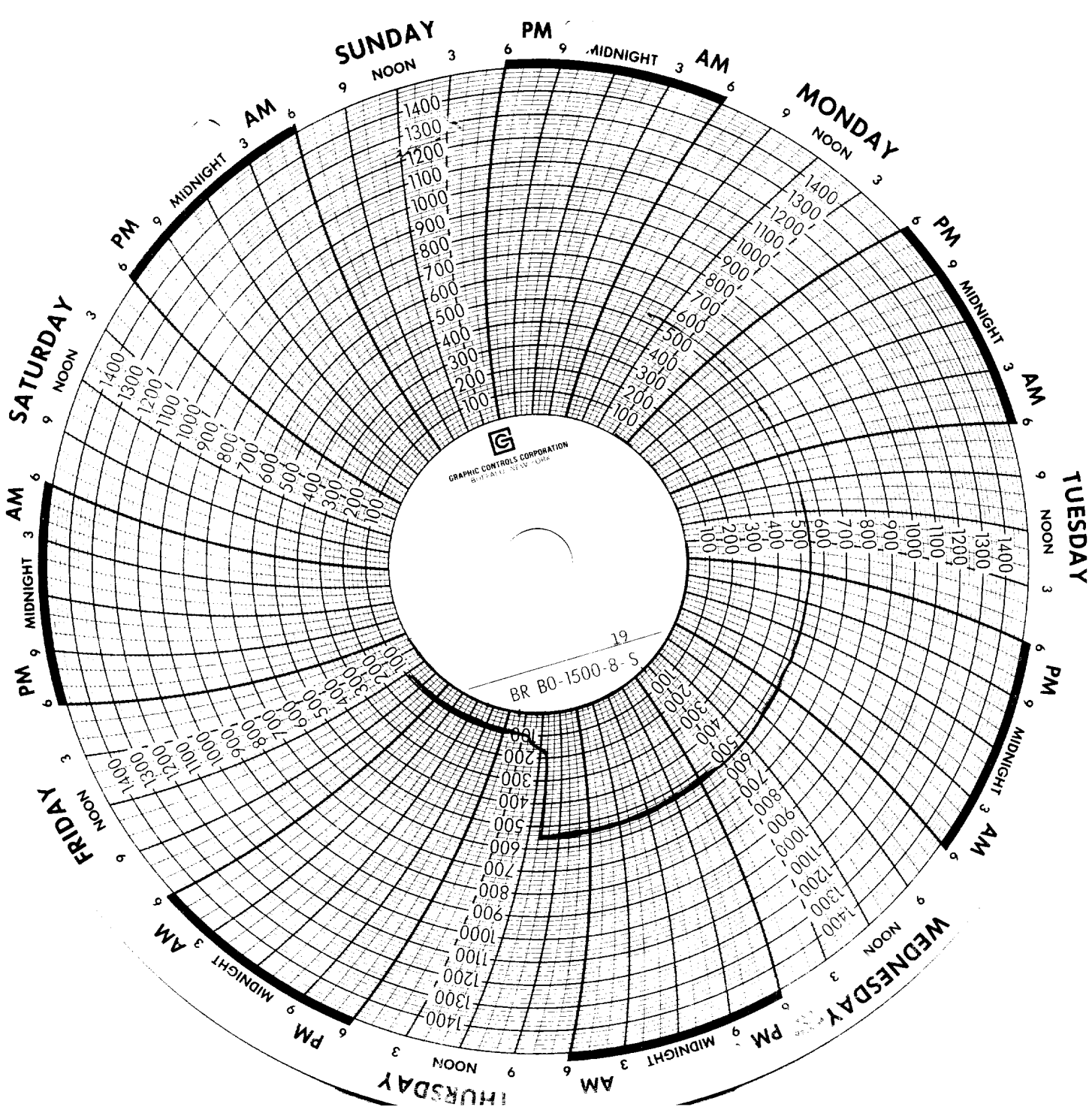
DR

OIL CONSERVATION DIVISION

Date Approved: JUL 10 1991

By: ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____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