

DISTRICT I
P.O. Box 1963, Hobbs, NM 88240

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>CONOCO INC</u>		Lease <u>WARREN UNIT</u>		Well No. <u>10</u>	
Location of Well	Unit <u>B</u>	Sec. <u>2B</u>	Twp <u>20S</u>	Rge <u>3BE</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>Blinebry Oil & Gas</u>	<u>OIL</u>	<u>Flow</u>	<u>Tbg</u>	<u>NONE</u>
Lower Compl	<u>Warren Tubb</u>	<u>OIL</u>	<u>Flow</u>	<u>Tbg</u>	<u>16/64</u>

FLOW TEST NO. 1

Both zones shut-in at (hour, date):	<u>12:30 pm 7/20/92</u>	Upper Completion	Lower Completion
Well opened at (hour, date):	<u>8:00 AM 7/21/92</u>		<u>X</u>
Indicate by (X) the zone producing.....			
Pressure at beginning of test.....		<u>76</u>	<u>480</u>
Stabilized? (Yes or No).....		<u>Yes</u>	<u>Yes</u>
Maximum pressure during test.....		<u>76</u>	<u>480</u>
Minimum pressure during test.....		<u>76</u>	<u>80</u>
Pressure at conclusion of test.....		<u>76</u>	<u>80</u>
Pressure change during test (Maximum minus Minimum).....		<u>0</u>	<u>400</u>
Was pressure change an increase or a decrease?.....		<u>NA</u>	<u>decrease</u>
Well closed at (hour, date):	<u>8:00 AM 7/22/92</u>	Total Time On Production	<u>24 hours</u>
Oil Production During Test:	<u>3</u> bbls; Grav. _____	Gas Production During Test	<u>260</u> MCF; GOR <u>86,667</u>

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date):	<u>Please see remarks below</u>	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....			
Pressure at beginning of test.....			<u>500</u>
Stabilized? (Yes or No).....			<u>Yes</u>
Maximum pressure during test.....			<u>525</u>
Minimum pressure during test.....			<u>500</u>
Pressure at conclusion of test.....			<u>525</u>
Pressure change during test (Maximum minus Minimum).....			<u>25</u>
Was pressure change an increase or a decrease?.....			<u>INCREASE</u>
Well closed at (hour, date)	_____	Total time on Production	_____
Oil production During Test:	_____ bbls; Grav. _____	Gas Production During Test	_____ MCF; GOR _____

Remarks Upper Completion (Blinebry) is shut in with no flow line - UNABLE to flow well.

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

Harlan Robertson

Signature

HARLAN ROBERTSON PROD. SPEC

Printed Name

Title

7/25/92

505/393-0138

OIL CONSERVATION DIVISION

Date Approved JUL 28 '92

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____

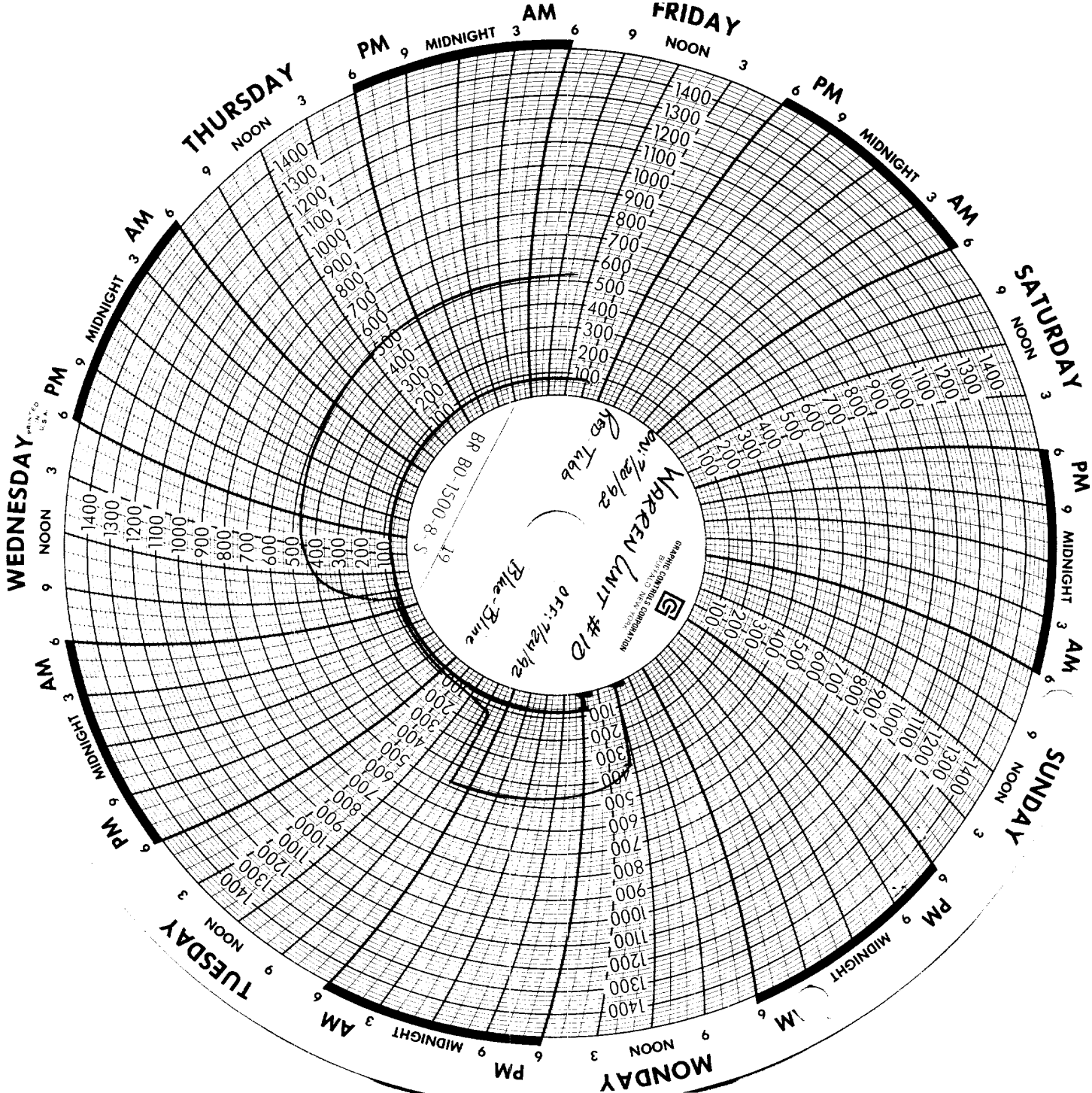
HT 3 AM
SATURDAY
NOON

MONDAY

PM
MIDNIGHT
AM

WARREN UNIT #10

-1-102



WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

MONDAY

TUESDAY