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Appropriate Dist. Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Revised 1-1-89

INSTRUCTIONS ON REVERSE
SIDE

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

OIL CONSERVATION DIVISION

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

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>CONOCO INC</u>		Lease <u>warren Unit Blby Bty 1</u>		Well No. <u>30</u>	
Location of Well <u>K</u>	Unit <u>27</u>	Sec. <u>205</u>	Twp <u>38E</u>	Rge <u>LEA</u>	County
Name of Reservoir or Pool <u>Warren Blby - Tubb & F 3</u>		Type of Prod. (Oil or Gas) <u>OIL</u>	Method of Prod. Flow, Art Lift <u>ART</u>	Prod. Medium (Tbg. or Csg) <u>CSG</u>	Choke Size <u>NONE</u>
Upper Compl <u>31/1/91</u>	<u>Warren Blby - Tubb & F 3</u>		<u>OIL</u>	<u>ART</u>	<u>CSG</u>
Lower Compl <u>Warren Tubb OIL</u>	<u>Warren Tubb OIL</u>		<u>OIL</u>	<u>ART</u>	<u>TBG</u>

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 11:00 AM 7-9-90

Well opened at (hour, date): 12:15 PM 7-10-90

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>498</u>	<u>510</u>
Stabilized? (Yes or No).....	<u>YES</u>	<u>YES</u>
Maximum pressure during test.....	<u>498</u>	<u>510</u>
Minimum pressure during test.....	<u>42</u>	<u>500</u>
Pressure at conclusion of test.....	<u>42</u>	<u>500</u>
Pressure change during test (Maximum minus Minimum).....	<u>456</u>	<u>10</u>
Was pressure change an increase or a decrease?.....	<u>DECREASE</u>	<u>DECREASE</u>
Well closed at (hour, date): <u>12:15 PM 7-11-90</u>	Total Time On Production <u>24 HRS</u>	
Oil Production	Gas Production	
During Test: <u>32</u> bbls; Grav. _____	During Test <u>120</u> MCF; GOR <u>3750</u>	

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 12:15 PM 7-12-90

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>498</u>	<u>520</u>
Stabilized? (Yes or No).....	<u>YES</u>	<u>YES</u>
Maximum pressure during test.....	<u>550</u>	<u>520</u>
Minimum pressure during test.....	<u>498</u>	<u>40</u>
Pressure at conclusion of test.....	<u>550</u>	<u>40</u>
Pressure change during test (Maximum minus Minimum).....	<u>52</u>	<u>480</u>
Was pressure change an increase or a decrease?.....	<u>INCREASE</u>	<u>DECREASE</u>
Well closed at (hour, date): <u>12:15 PM 7-13-90</u>	Total time on Production <u>24 HRS</u>	
Oil production	Gas Production	
During Test: <u>5</u> bbls; Grav. _____	During Test <u>154</u> MCF; GOR <u>30,800</u>	

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

Printed Name

7-16-90

Date

393-0138

Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____

By ORIGINAL SIGNED BY JERRY SEXTON

Title _____

RECEIVED

JUL 18 1990

OCD
HOBBS OFFICE



