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

Warren unit Blby Sty 1 +

Operator		Lease		Well No.
Conoco Inc		Warren Unit Tubb		30
Location of Well: Unit K	Sec. 27	Twp 20 S	Rge 38 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	OIL	ART LIFT	Tbg	NONE
Lower Compl	Warren Tubb	OIL	ART LIFT	Tbg	NONE

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:00 AM 7-10-89

Well opened at (hour, date): 9:00 Am 7-11-89

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	475	200
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	475	225
Minimum pressure during test	50	200
Pressure at conclusion of test	50	225
Pressure change during test (Maximum minus Minimum)	425	25
Was pressure change an increase or a decrease?	Decrease	Increase

Well closed at (hour, date): 9:00 AM 7-12-89 Total Time On Production 24 HRS

Oil Production During Test: 40 bbls; Grav. _____ Gas Production During Test 173 MCF; GOR 4325

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 9:00 Am 7-13-89

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	520	248
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	578	259
Minimum pressure during test	520	45
Pressure at conclusion of test	578	45
Pressure change during test (Maximum minus Minimum)	58	203
Was pressure change an increase or a decrease?	Increase	Decrease

Well closed at (hour, date) 9:00 Am 7-14-89 Total time on Production 24 HRS

Oil production During Test: 20 bbls; Grav. _____; Gas Production During Test 205 MCF; GOR 10,250

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. Specialist
Printed Name — Title

7-14-89 — 397-5932
Date — Telephone No.

OIL CONSERVATION DIVISION

JUL 24 1989

Date Approved _____

By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

Title _____