

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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 <u>CONOCO INC</u>		Lease <u>Warren 2A Blinebry-Tubb</u>		Well No. <u>35</u>	
Location of Well	Unit <u>K</u>	Sec. <u>28</u>	Twp <u>20S</u>	Rge <u>38E</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>Warren Blinebry/Tubb</u>	<u>OIL</u>	<u>Tbg Flow</u>	<u>Tbg</u>	<u>Open</u>
Lower Compl	<u>WARREN DRINKARD</u>	<u>OIL</u>	<u>Tbg Flow</u>	<u>Tbg</u>	<u>Open</u>

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:00AM 6/12/95

Well opened at (hour, date): 11:00AM 6/13/95

Indicate by (X) the zone producing.....

Pressure at beginning of test.....

Stabilized? (Yes or No).....

Maximum pressure during test.....

Minimum pressure during test.....

Pressure at conclusion of test.....

Pressure change during test (Maximum minus Minimum).....

Was pressure change an increase or a decrease?.....

Well closed at (hour, date): 10:30AM 6/14/95

Oil Production

During Test: 20 bbls; Grav. _____

Gas Production

During Test 642

Total Time On Production

23 1/2 hrs

MCF; GOR 32,100

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 9:00AM 6/15/95

Indicate by (X) the zone producing.....

Pressure at beginning of test.....

Stabilized? (Yes or No).....

Maximum pressure during test.....

Minimum pressure during test.....

Pressure at conclusion of test.....

Pressure change during test (Maximum minus Minimum).....

Was pressure change an increase or a decrease?.....

Well closed at (hour, date): 10:00AM 6/16/95

Oil production

During Test: 30 bbls; Grav. _____

Gas Production

During Test 949

Total time on Production

25 hrs

MCF; GOR 31,633

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

H. Robertson

Signature

HARLAN ROBERTSON

Printed Name

6/16/95

Date

Prod Spec

Title

505/393-0138

Telephone No.

OIL CONSERVATION DIVISION

JUN 20 1995

Date Approved

By

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

Title

RECEIVED

JUN 22 1995

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OFFICE

2000 0 9 1111

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