

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

OIL CONSERVATION DIVISION

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

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

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 Tubb</u>			Well No. <u>41</u>	
Location of Well	Unit <u>N</u>	Sec. <u>27</u>	Twp <u>20-S</u>	Rge <u>38-E</u>	County <u>LEA</u>		
Name of Reservoir or Pool <u>R-9467</u>			Type of Prod. (Oil or Gas)	Method of Prod. Flow, Art Lift	Prod. Medium (Tbg. or Csg)	Choke Size	
Upper Compl	<u>Warren Tubb</u>		<u>OIL</u>	<u>ART LIFT</u>	<u>CSG.</u>	<u>NONE</u>	
Lower Compl	<u>WARREN TUBB OIL</u>		<u>OIL</u>	<u>ART LIFT</u>	<u>TBG</u>	<u>NONE</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 7-2-90 - 10:00 AM

Well opened at (hour, date): 7-3-90 12:00 Noon

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>430</u>	<u>58</u>
Stabilized? (Yes or No).....	<u>YES</u>	<u>YES</u>
Maximum pressure during test.....	<u>439</u>	<u>58</u>
Minimum pressure during test.....	<u>430</u>	<u>40</u>
Pressure at conclusion of test.....	<u>439</u>	<u>40</u>
Pressure change during test (Maximum minus Minimum).....	<u>9</u>	<u>18</u>
Was pressure change an increase or a decrease?.....	<u>INCREASE</u>	<u>DECREASE</u>
Well closed at (hour, date): <u>7-4-90 8:45 AM</u>	Total Time On Production <u>19 3/4 HRS</u>	
Oil Production During Test: <u>10</u> bbls; Grav. _____	Gas Production During Test <u>178</u>	MCF; GOR <u>17800</u>
Remarks _____		

FLOW TEST NO. 2

	Upper Completion	Lower Completion
Well opened at (hour, date): <u>7-5-90 9:30 AM</u>		
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>440</u>	<u>40</u>
Stabilized? (Yes or No).....	<u>YES</u>	<u>YES</u>
Maximum pressure during test.....	<u>440</u>	<u>70</u>
Minimum pressure during test.....	<u>95</u>	<u>40</u>
Pressure at conclusion of test.....	<u>95</u>	<u>70</u>
Pressure change during test (Maximum minus Minimum).....	<u>345</u>	<u>30</u>
Was pressure change an increase or a decrease?.....	<u>DECREASE</u>	<u>INCREASE</u>
Well closed at (hour, date): <u>7-6-90 11:15 AM</u>	Total time on Production <u>25 3/4 HRS</u>	
Oil production During Test: <u>28</u> bbls; Grav. _____	Gas Production During Test <u>250</u>	MCF; GOR <u>8928</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 LA COUR

Printed Name

PROD. SPEC.

Title

7-6-90

393-0138

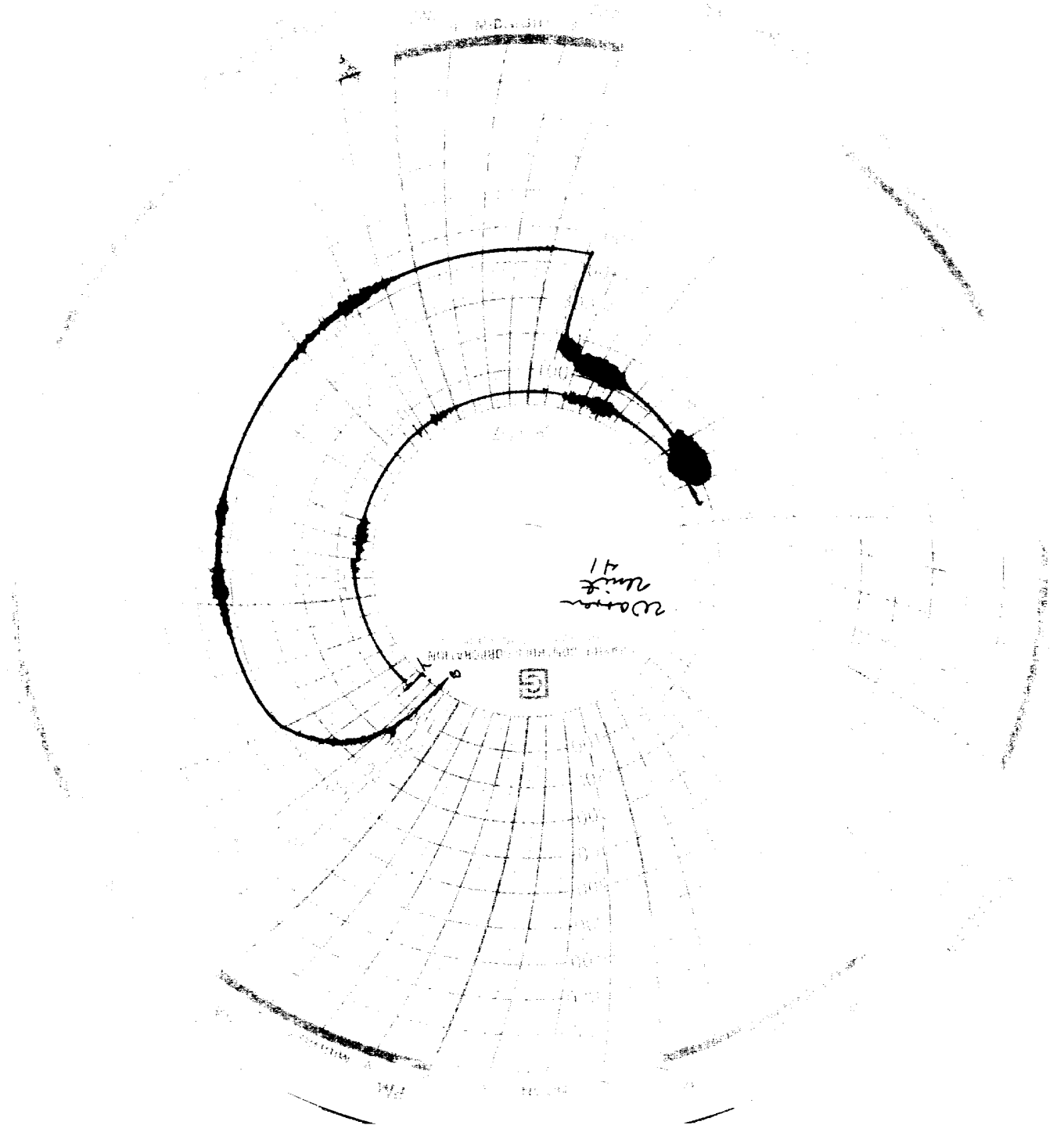
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 10 1990

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

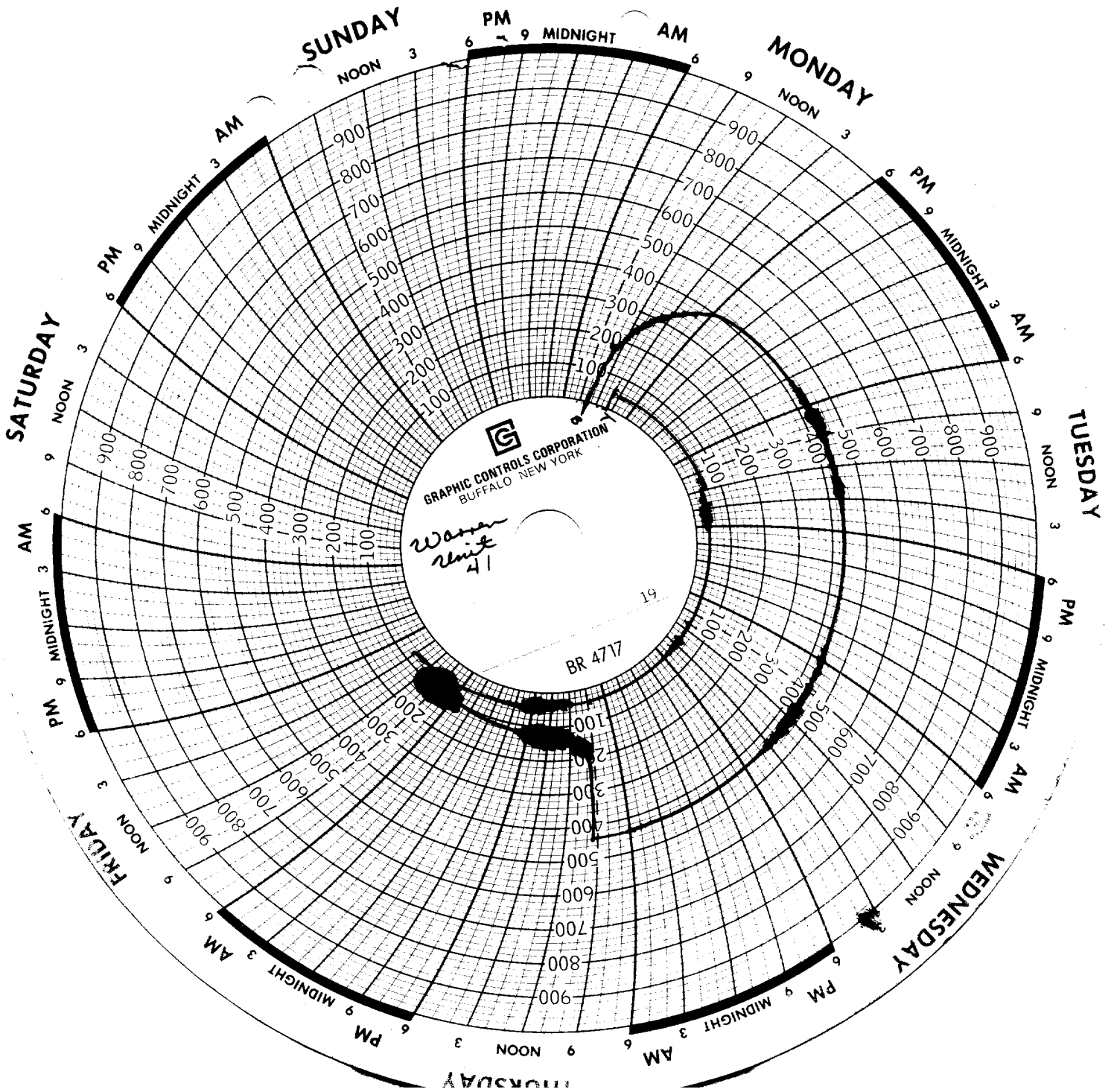
Title _____



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