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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
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 Blinberry Bty 1 & 2</u>		Well No. <u>42</u>	
Location of Well	Unit <u>I</u>	Sec. <u>27</u>	Twp <u>20S</u>	Rge <u>38E</u>	County <u>LEA</u>
	Name of Reservoir or Pool <u>R-9467</u>		Type of Prod. (Oil or Gas) <u>OIL</u>	Method of Prod. Flow, Art Lift <u>ART</u>	Prod. Medium (Lbg. or Csg) <u>CSG</u>
Upper Compl	<u>Warren Tubb</u>		<u>3/1/91</u>	<u>CSG</u>	<u>NONE</u>
Lower Compl	<u>Blinberry Oil and Gas</u>		<u>GAS</u>	<u>FLDW</u>	<u>NONE</u>
Compl	<u>Warren Tubb</u>				

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:30 AM 7-9-90

Well opened at (hour, date): 12:45 PM 7-10-90

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>138</u>	<u>218</u>
Stabilized? (Yes or No).....	<u>YES</u>	<u>YES</u>
Maximum pressure during test.....	<u>138</u>	<u>300</u>
Minimum pressure during test.....	<u>50</u>	<u>218</u>
Pressure at conclusion of test.....	<u>50</u>	<u>300</u>
Pressure change during test (Maximum minus Minimum).....	<u>88</u>	<u>82</u>
Was pressure change an increase or a decrease?.....	<u>DECREASE</u>	<u>INCREASE</u>
Well closed at (hour, date): <u>1:30 PM 7-11-90</u>	Total Time On Production <u>24 3/4 HRS</u>	
Oil Production	Gas Production	
During Test: <u>4</u> bbls; Grav. _____	During Test: <u>17</u>	MCF; GOR <u>4250</u>

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 1:45 PM 7-12-90

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>105</u>	<u>360</u>
Stabilized? (Yes or No).....	<u>YES</u>	<u>YES</u>
Maximum pressure during test.....	<u>210</u>	<u>360</u>
Minimum pressure during test.....	<u>105</u>	<u>57</u>
Pressure at conclusion of test.....	<u>210</u>	<u>57</u>
Pressure change during test (Maximum minus Minimum).....	<u>105</u>	<u>303</u>
Was pressure change an increase or a decrease?.....	<u>INCREASE</u>	<u>DECREASE</u>
Well closed at (hour, date): <u>12:30 PM 7-13-90</u>	Total time on Production <u>22 3/4 HRS</u>	
Oil production	Gas Production	
During Test: <u>1</u> bbls; Grav. _____	During Test: <u>102</u>	MCF; GOR <u>102 000</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

PROD. SPEC.

Title

7-16-90

Date

393-0138

Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 24 1990

By ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

Title _____

RECEIVED

JUL 18 1990

OCD
HOBBS OFFICE



