

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, Bl. Bty 1</u>			Well No. <u>53</u>		
Location of Well		Unit <u>C</u>	Sec <u>26</u>	Twp <u>20 S</u>	Rge <u>38 E</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>Blind</u>			<u>ART LIFT</u>	<u>ART LIFT</u>	<u>TBG</u>		<u>CLEN</u>
Lower Compl	<u>Tub</u>			<u>ART LIFT</u>	<u>ART LIFT</u>	<u>TBG</u>		<u>OPEN</u>

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:00 AM 7-15-85

	Upper Completion	Lower Completion
Well opened at (hour, date): <u>10:00 AM 7-16-85</u>		
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>70</u>	<u>60</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	<u>700</u>	<u>60</u>
Minimum pressure during test.....	<u>70</u>	<u>60</u>
Pressure at conclusion of test.....	<u>80</u>	<u>60</u>
Pressure change during test (Maximum minus Minimum).....	<u>630</u>	<u>—</u>
Was pressure change an increase or a decrease?.....	<u>INC.</u>	<u>—</u>
Well closed at (hour, date): <u>10:00 AM 7-17-85</u>	Total Time On Production <u>24 HRS.</u>	
Oil Production During Test: <u>24</u> bbls; Grav. _____	Gas Production During Test <u>4</u> MCF; GOR <u>6</u>	
Remarks _____		

FLOW TEST NO. 2

	Upper Completion	Lower Completion
Well opened at (hour, date): <u>10:00 AM 7-18-85</u>		
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>70</u>	<u>60</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	<u>700</u>	<u>60</u>
Minimum pressure during test.....	<u>70</u>	<u>60</u>
Pressure at conclusion of test.....	<u>80</u>	<u>60</u>
Pressure change during test (Maximum minus Minimum).....	<u>630</u>	<u>—</u>
Was pressure change an increase or a decrease?.....	<u>INC.</u>	<u>—</u>
Well closed at (hour, date) _____	Total time on Production <u>24 HRS.</u>	
Oil Production During Test: <u>15</u> bbls; Grav. _____	Gas Production During Test <u>40</u> MCF; GOR <u>2,666</u>	
REMARKS: _____		

I hereby certify that the information herein contained is true and complete to the best of my knowledge.

Approved: AUG 14 1985 19
Oil Conservation Division
By _____
Title OIL & GAS INSPECTOR

Operator CONOCO INC.
By Ken Capistrano
Title Prod. Tech.
Date 7-20-85