

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</u>			Lease <u>Warren Unit</u>			Well No. <u>57</u>		
Location of Well	Unit <u>D</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>Blinery</u>		<u>Oil</u>	<u>art lift</u>	<u>thg</u>		<u>open</u>	
Lower Compl	<u>Tubbs</u>		<u>Oil</u>	<u>Art Lift</u>	<u>thg</u>		<u>open</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 7-14-83 1100

Well opened at (hour, date): 7-15-83

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>20</u>	<u>40</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	<u>120</u>	<u>320</u>
Minimum pressure during test.....	<u>40</u>	<u>45</u>
Pressure at conclusion of test.....	<u>40</u>	<u>45</u>
Pressure change during test (Maximum minus Minimum).....	<u>80</u>	<u>275</u>
Was pressure change an increase or a decrease?.....	<u>Inc</u>	<u>Inc</u>

Well closed at (hour, date): 7-16-83 Total Time On Production 24 HRS

Oil Production During Test: 6 bbls; Grav. _____; Gas Production During Test: 63 MCF; GOR 10500

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 7-17-83

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>20</u>	<u>40</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	<u>120</u>	<u>320</u>
Minimum pressure during test.....	<u>40</u>	<u>45</u>
Pressure at conclusion of test.....	<u>40</u>	<u>45</u>
Pressure change during test (Maximum minus Minimum).....	<u>80</u>	<u>275</u>
Was pressure change an increase or a decrease?.....	<u>Inc</u>	<u>Inc</u>

Well closed at (hour, date) _____ Total time on Production _____

Oil Production During Test: 5 bbls; Grav. _____; Gas Production During Test: 9 MCF; GOR 1800

REMARKS: _____

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

Approved: AUG 2 1983 19
Oil Conservation Division

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

Operator Conoco

By Tina Perry

Title Prod Tech

FRIDAY

SATURDAY

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

GRAPHIC CONTROLS CORPORATION
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