Submit 3 Copies to Appropriate Dist. Office

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

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

State of New Mexico
Energy, Minerals and Natural Resources Departme...

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

Revised 1-1-89

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			Lease		Well No.
CONOCO INC			Simo Burger		107
Location of Well: Unit	Sec.	Twp	Rge	County	
J	19	20-S	38-E	Lea	

	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	Skaggs Grayburg	OIL	Shut IN	CSG	NONE
Lower Compl	Skaggs Paddock	OIL	Shut IN	TBG	NONE

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:30 AM 2-5-90

Well opened at (hour, date): 10:30 AM 2-6-90

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	26	0
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	26	0
Minimum pressure during test	26	0
Pressure at conclusion of test	26	0
Pressure change during test (Maximum minus Minimum)	0	0
Was pressure change an increase or a decrease?	NO CHANGE	NO CHANGE

Well closed at (hour, date): 10:30 AM 2-7-90 Total Time On Production 24 HRS

Oil Production During Test: 0 bbls; Grav. _____ Gas Production During Test 0 MCF; GOR 0

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 10:30 AM 2-8-90

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	26	0
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	30	0
Minimum pressure during test	26	0
Pressure at conclusion of test	30	0
Pressure change during test (Maximum minus Minimum)	4	0
Was pressure change an increase or a decrease?	INCREASE	No Change

Well closed at (hour, date) 10:30 AM 2-9-90 Total time on Production 24 HRS

Oil production During Test: 0 bbls; Grav. _____; Gas Production During Test 0 MCF; GOR 0

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 — Prod. Spec.
Printed Name — Title

2-12-90 — 397-5800
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 27 1990

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____