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 Department

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			BRITT B		27
Location of Well: Unit	Sec.	Twp	Rge	County	
G	15	20S	37E	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	WEIR DRINKARD	OIL	ART. LIFT	TBG	full open
Lower Compl	SKAGGS ABO	GAS	FLOWING	TBG	18/64 THS

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:00 AM 1/14/91

Well opened at (hour, date): 10:00 AM 1/15/91

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	202	540
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	202	575
Minimum pressure during test	34	540
Pressure at conclusion of test	34	575
Pressure change during test (Maximum minus Minimum)	168	35
Was pressure change an increase or a decrease?	decrease	increase

Well closed at (hour, date): 10:00 AM 1/16/91 Total Time On Production: 24 hours

Oil Production During Test: 13 bbls; Grav. _____ Gas Production During Test: 42 MCF; GOR 3231

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 10:00 AM 1/17/91

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	220	595
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	298	595
Minimum pressure during test	220	320
Pressure at conclusion of test	298	320
Pressure change during test (Maximum minus Minimum)	78	275
Was pressure change an increase or a decrease?	increase	decrease

Well closed at (hour, date) 10:00 AM 1/18/91 Total time on Production: 24 hours

Oil production During Test: 22 bbls; Grav. _____; Gas Production During Test: 958 MCF; GOR 43,545

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

Harlan Robertson
Signature

HARLAN ROBERTSON
Printed Name

Title

1-18-91
Date

505-393-0138
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 24 1991

By _____

Title _____