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

Skaggs B Comt

Operator			Lease		Well No.
CONOCO INC.			Skaggs B		7
Location of Well: Unit	Sec.	Twp	Rge	County	
B	12	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	Skaggs Drinkard	Oil	Art. Lift	Tbg.	Full Open
Lower Compl	Skaggs Abo	Gas	Flowing	Tbg.	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:00 A.M. 2-28-94

Well opened at (hour, date): 9:00 A.M. 3-1-94

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	180	630
Stabilized? (Yes or No)	NO	NO
Maximum pressure during test	180	660
Minimum pressure during test	50	630
Pressure at conclusion of test	50	660
Pressure change during test (Maximum minus Minimum)	130	30
Was pressure change an increase or a decrease?	decrease	Increase

Well closed at (hour, date): 9:00 A.M. 3-2-94 Total Time On Production 24 HRS

Oil Production During Test: 13 bbls; Grav. _____ Gas Production During Test 110 MCF; GOR _____

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 9:00 A.M. 3-3-94

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	160	660
Stabilized? (Yes or No)	NO	yes
Maximum pressure during test	240	660
Minimum pressure during test	160	50
Pressure at conclusion of test	240	50
Pressure change during test (Maximum minus Minimum)	80	610
Was pressure change an increase or a decrease?	Increase	decrease

Well closed at (hour, date) 9:00 A.M. 3-4-94 Total time on Production 24 HRS.

Oil production During Test: 0 bbls; Grav. _____; Gas Production During Test 168 MCF; GOR _____

Remarks No Evidence of Communications

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

Daniel M. Alexander
Signature

Daniel M. Alexander — Prod. Spec.
Printed Name — Title

3-7-94 — 393-0138
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 09 1994

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____