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

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	CONOCO INC		Lease	SEMU (Tubb-Drinkard)		Well No. 122
Location of Well	Unit D	Sec. 23	Twp 20S	Rge 37E	County 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	MONUMENT TUBB		OIL	ART. LIFT	Tbg	NONE
Lower Compl	WEIR DRINKARD		OIL	ART. LIFT	Tbg	NONE

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:00Am 2/3/92

Well opened at (hour, date): 9:00Am 2/4/92

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	148	775
Stabilized? (Yes or No)	No	No
Maximum pressure during test	290	775
Minimum pressure during test	148	45
Pressure at conclusion of test	290	90
Pressure change during test (Maximum minus Minimum)	142	730
Was pressure change an increase or a decrease?	INCREASE	DECREASE

Well closed at (hour, date): 9:00Am 2/5/92 Total Time On Production 24 hrs

Oil Production During Test: 27 bbls; Grav. _____ Gas Production During Test 165 MCF; GOR 6111

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 9:00Am 2/6/92

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	320	825
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	320	825
Minimum pressure during test	75	825
Pressure at conclusion of test	75	825
Pressure change during test (Maximum minus Minimum)	245	0
Was pressure change an increase or a decrease?	DECREASE	NA

Well closed at (hour, date) 9:00Am 2/7/92 Total time on Production 24 hrs

Oil production During Test: 22 bbls; Grav. _____; Gas Production During Test 150 MCF; GOR 6818

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 Prod Spec.
Printed Name Title

2/12/92 505/393-3321

OIL CONSERVATION DIVISION

Date Approved FEB 1 [illegible]92

By [illegible] SIGNED BY JERRY SEXTON

Title _____