

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

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

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 <u>CONOCO INC</u>			Lease <u>WARREN UNIT Blueberry-Tubb</u>			Well No. <u>94</u>	
Location of Well	Unit <u>F</u>	Sec. <u>28</u>	Twp <u>20S</u>	Rge <u>38E</u>	County <u>WFE</u>		<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>Blueberry Oil & Gas / MON. TUBB (DHC)</u>		<u>Oil</u>	<u>ART. LIFT</u>	<u>Tbg</u>	<u>Open</u>	
Lower Compl	<u>WARREN DRINKARD</u>		<u>Oil</u>	<u>ART. LIFT</u>	<u>Tbg</u>	<u>Open</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 6/26/94 9:00AM

Well opened at (hour, date): 6/27/94 9:00AM

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>360</u>	<u>218</u>
Stabilized? (Yes or No).....	<u>Yes</u>	<u>Yes</u>
Maximum pressure during test.....	<u>360</u>	<u>218</u>
Minimum pressure during test.....	<u>360</u>	<u>42</u>
Pressure at conclusion of test.....	<u>360</u>	<u>42</u>
Pressure change during test (Maximum minus Minimum).....	<u>0</u>	<u>176</u>
Was pressure change an increase or a decrease?.....	<u>NONE</u>	<u>decrease</u>
Well closed at (hour, date): <u>6/28/94 9:00AM</u>	Total Time On Production <u>24 hrs</u>	
Oil Production During Test: <u>8</u> bbls; Grav. _____	Gas Production During Test <u>296</u>	MCF; GOR <u>37,000</u>

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 6/29/94 9:00AM

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>360</u>	<u>240</u>
Stabilized? (Yes or No).....	<u>Yes</u>	<u>Yes</u>
Maximum pressure during test.....	<u>360</u>	<u>240</u>
Minimum pressure during test.....	<u>100</u>	<u>240</u>
Pressure at conclusion of test.....	<u>100</u>	<u>240</u>
Pressure change during test (Maximum minus Minimum).....	<u>260</u>	<u>0</u>
Was pressure change an increase or a decrease?.....	<u>decrease</u>	<u>NONE</u>
Well closed at (hour, date): <u>6/30/94 9:00AM</u>	Total time on Production <u>24 hrs</u>	
Oil production During Test: <u>6</u> bbls; Grav. _____	Gas Production During Test <u>481</u>	MCF; GOR <u>80,167</u>

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
C. N. Martin
Signature
C. N. Martin Sr.
Printed Name
6/30/94
Title

OIL CONSERVATION DIVISION

Date Approved JUL 08 1994

By _____
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

2000-2001

2001-2002

2002-2003



