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
gy, Minerals and Natural Resources Departm.

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.			WARREN UNIT Blinebry Tubb		95
Location of Well: Unit	Sec.	Twp	Rge	County	
P	28	20S	38E	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	Blinebry Oil & Gas/Mon. Tubb (DHC)	OIL	Flow.	Tbg	28/64
Lower Compl	WARREN DRINKARD	OIL	Flow.	Tbg	21/64

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 6/6/94 10:00AM

Well opened at (hour, date): 6/7/94 10:00AM

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	680	360
Stabilized? (Yes or No)	No	Yes
Maximum pressure during test	680	360
Minimum pressure during test	80	360
Pressure at conclusion of test	80	360
Pressure change during test (Maximum minus Minimum)	600	-0-
Was pressure change an increase or a decrease?	DECREASE	NA

Well closed at (hour, date): 6/8/94 10:00AM Total Time On Production: 24 hrs

Oil Production During Test: 11 bbls; Grav. _____ Gas Production During Test: 384 MCF; GOR: 34,909

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 6/9/94 10:00AM

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	720	375
Stabilized? (Yes or No)	NO	Yes
Maximum pressure during test	805	375
Minimum pressure during test	720	35
Pressure at conclusion of test	805	35
Pressure change during test (Maximum minus Minimum)	85	340
Was pressure change an increase or a decrease?	INCREASE	DECREASE

Well closed at (hour, date) 6/10/94 10:00AM Total time on Production: 24 hrs

Oil production During Test: 2 bbls; Grav. _____; Gas Production During Test: 842 MCF; GOR: 421,000

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

A Robertson
Signature

HARLAN ROBERTSON
Printed Name

Title

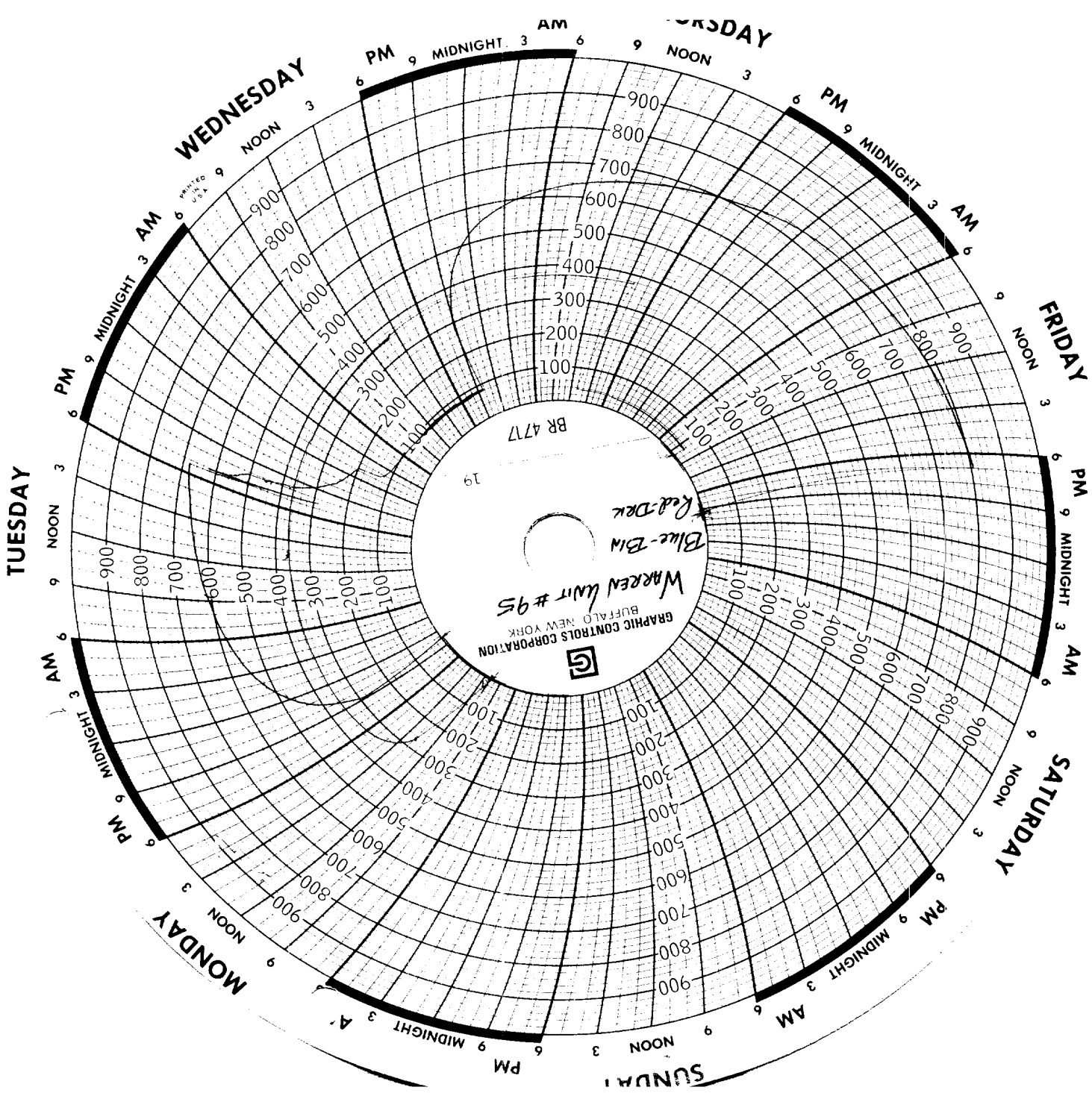
6/14/94

OIL CONSERVATION DIVISION

Date Approved: JUL 08 1994

By: ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title


SUNDAY
MONDAY
TUESDAY
WEDNESDAY
THURSDAY
FRIDAY
SATURDAY
AM
PM
MIDNIGHT
NOON
100
200
300
400
500
600
700
800
900
BR 4717
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
Warren Unit #95
Blue-Elm
Red-Dark
PRINTED IN U.S.A.