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

Warren (Blinebry-Tubb) WF #96

Operator	CONOCO INC			Lease	WARREN UNIT		Well No.	96
Location of Well	Unit I	Sec. 28	Twp 20S	Rge 38E		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	Warren Blinebry/Tubb		Oil	Flow		Tbg		Open
Lower Compl	WARREN DRINKARD		Oil	Flow		Tbg		Open

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 3:00pm 6/12/95

Well opened at (hour, date): 11:00 AM 6/13/95

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	500	880
Stabilized? (Yes or No)	Yes	No
Maximum pressure during test	500	920
Minimum pressure during test	45	880
Pressure at conclusion of test	60	920
Pressure change during test (Maximum minus Minimum)	455	40
Was pressure change an increase or a decrease?	decrease	increase

Well closed at (hour, date): 2:00pm 6/14/95 Total Time On Production 21 hrs

Oil Production During Test: 14 bbls; Grav. _____ Gas Production During Test 1090 MCF; GOR 77,857

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 10:00AM 6/15/95

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	510	920
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	510	920
Minimum pressure during test	510	300
Pressure at conclusion of test	510	340
Pressure change during test (Maximum minus Minimum)	0	620
Was pressure change an increase or a decrease?	NA	decrease

Well closed at (hour, date) 9:30AM 6/16/95 Total time on Production 23½ hrs

Oil production During Test: 18 bbls; Grav. _____; Gas Production During Test 1075 MCF; GOR 59,722

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

H Robertson
Signature

HARLAN ROBERTSON
Printed Name

Title

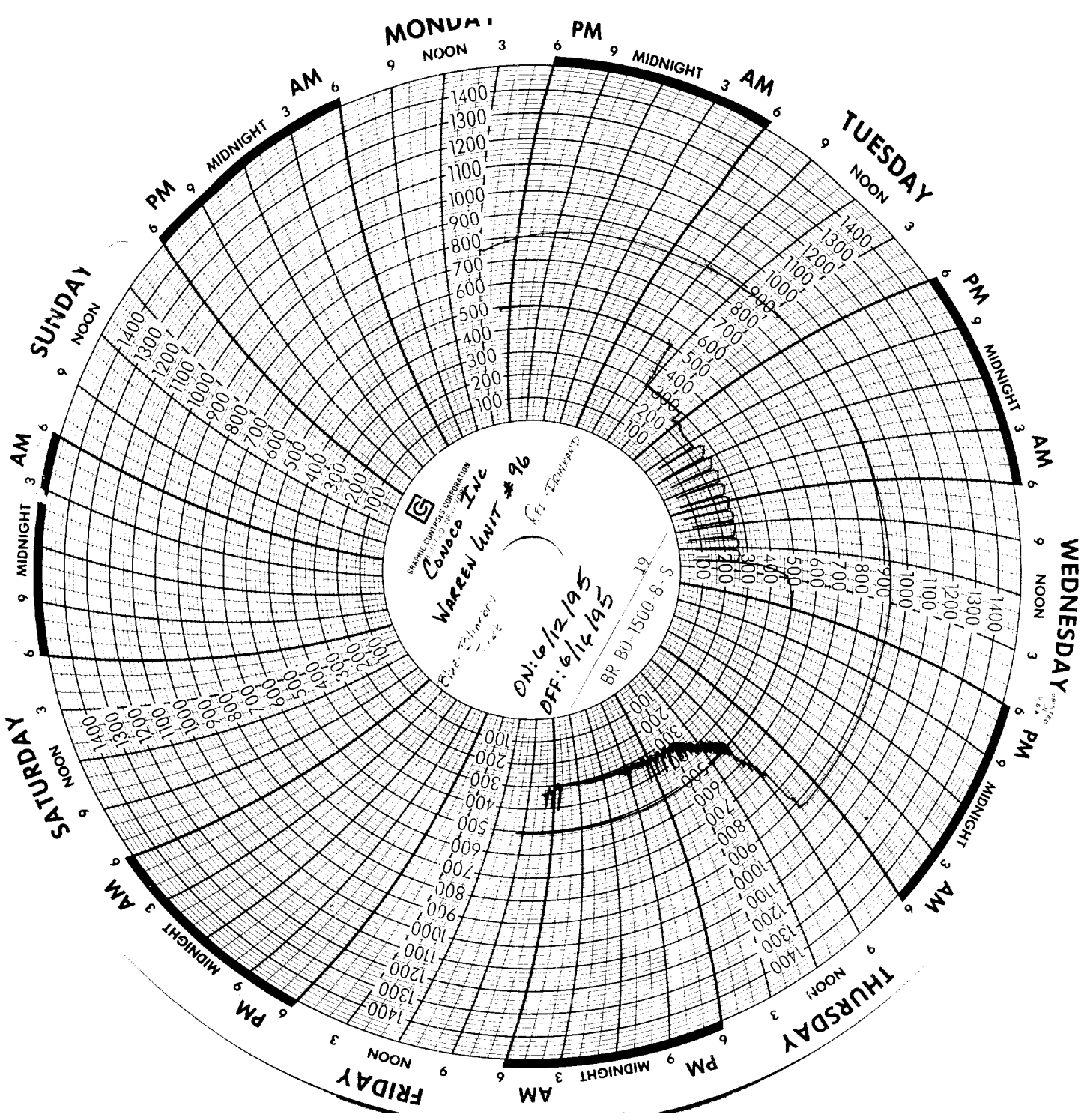
6/16/95 505/393-0138
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 20 1995

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____


MONDAY
TUESDAY
WEDNESDAY
THURSDAY
FRIDAY
SATURDAY
SUNDAY
AM
PM
NOON
MIDNIGHT
GRAPHIC CONTROLS CORPORATION
CONOCO INC
WARREN UNIT # 96
ON: 6/12/195
OFF: 6/14/195
BR BU-1500 8-S
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