

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

OIL CONSERVATION DIVISION

INSTRUCTIONS ON REVERSE
SIDE

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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 24 Blinbry-Tubb WF #111</u>		Well No. <u>111</u>	
Location of Well	Unit <u>H</u>	Sec. <u>28</u>	Twp <u>20S</u>	Rge <u>38E</u>	County <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>Warren</u>	<u>OIL</u>	<u>Flow</u>	<u>Tbg</u>	<u>Open</u>
Lower Compl	<u>WARREN DRINKARD</u>	<u>OIL</u>	<u>Flow</u>	<u>Tbg</u>	<u>Open</u>

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:00AM 6/12/95

Well opened at (hour, date): 10:00AM 6/13/95

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>580</u>	<u>30</u>
Stabilized? (Yes or No).....	<u>Yes</u>	<u>Yes</u>
Maximum pressure during test.....	<u>595</u>	<u>30</u>
Minimum pressure during test.....	<u>580</u>	<u>0</u>
Pressure at conclusion of test.....	<u>595</u>	<u>30</u>
Pressure change during test (Maximum minus Minimum).....	<u>15</u>	<u>30</u>
Was pressure change an increase or a decrease?.....	<u>increase</u>	<u>decrease</u>
Well closed at (hour, date): <u>10:00AM 6/14/95</u>	Total Time On Production <u>24 hrs</u>	
Oil Production During Test: <u>0</u> bbls; Grav. _____	Gas Production During Test <u>5 mcf</u>	MCF; GOR _____
Remarks <u>DRINKARD SIDE HAS LOGGED OFF</u>		

FLOW TEST NO. 2

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

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>600</u>	<u>0</u>
Stabilized? (Yes or No).....	<u>Yes</u>	<u>Yes</u>
Maximum pressure during test.....	<u>600</u>	<u>0</u>
Minimum pressure during test.....	<u>340</u>	<u>0</u>
Pressure at conclusion of test.....	<u>340</u>	<u>0</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>NA</u>
Well closed at (hour, date): <u>11:30AM 6/16/95</u>	Total time on Production <u>25 1/2 hrs</u>	
Oil production During Test: <u>25</u> bbls; Grav. _____	Gas Production During Test <u>614</u>	MCF; GOR <u>24,560</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

Harlan Robertson

Signature

HARLAN ROBERTSON

Printed Name

PROD. SPEC.

Title

6/16/95

Date

505/393-0138

Telephone No

OIL CONSERVATION DIVISION

Date Approved JUN 20 1995

By ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

Title _____

2001 0 5 MUL

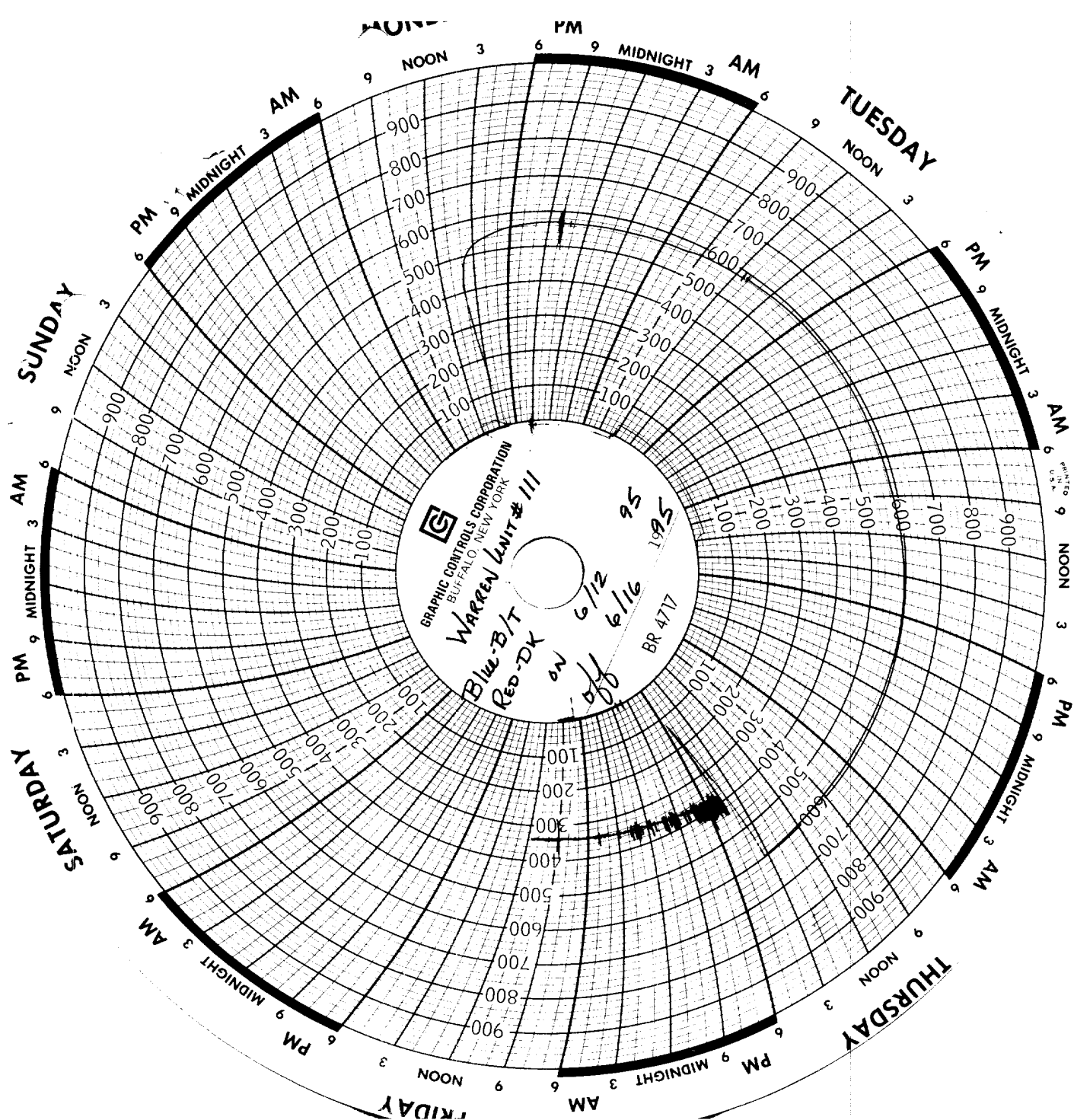
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