

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</u>			Well No. <u>114</u>	
Location of Well	Unit <u>C</u>	Sec. <u>28</u>	Twp <u>20 S</u>	Rge <u>38 E</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 Blinberry/Tubb (DHC)</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 11/28/94

Well opened at (hour, date): 10:00am 11/29/94

Indicate by (X) the zone producing.....

Pressure at beginning of test.....

Stabilized? (Yes or No).....

Maximum pressure during test.....

Minimum pressure during test.....

Pressure at conclusion of test.....

Pressure change during test (Maximum minus Minimum).....

Was pressure change an increase or a decrease?.....

Well closed at (hour, date): 10:00am 11/30/94

Oil Production

During Test: 15 bbls; Grav. _____

Gas Production

During Test

Total Time On
Production

24 hours

486

MCF; GOR 32,400

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 10:00am 12/1/94

Indicate by (X) the zone producing.....

Pressure at beginning of test.....

Stabilized? (Yes or No).....

Maximum pressure during test.....

Minimum pressure during test.....

Pressure at conclusion of test.....

Pressure change during test (Maximum minus Minimum).....

Was pressure change an increase or a decrease?.....

Well closed at (hour, date): 10:00am 12/2/94

Oil production

During Test: 158 bbls; Grav. _____

Gas Production

During Test

Total time on
Production

24 hours

380

MCF; GOR 2405

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

12/8/94

505/393-0138

OIL CONSERVATION DIVISION

Date Approved DEC 21 1994

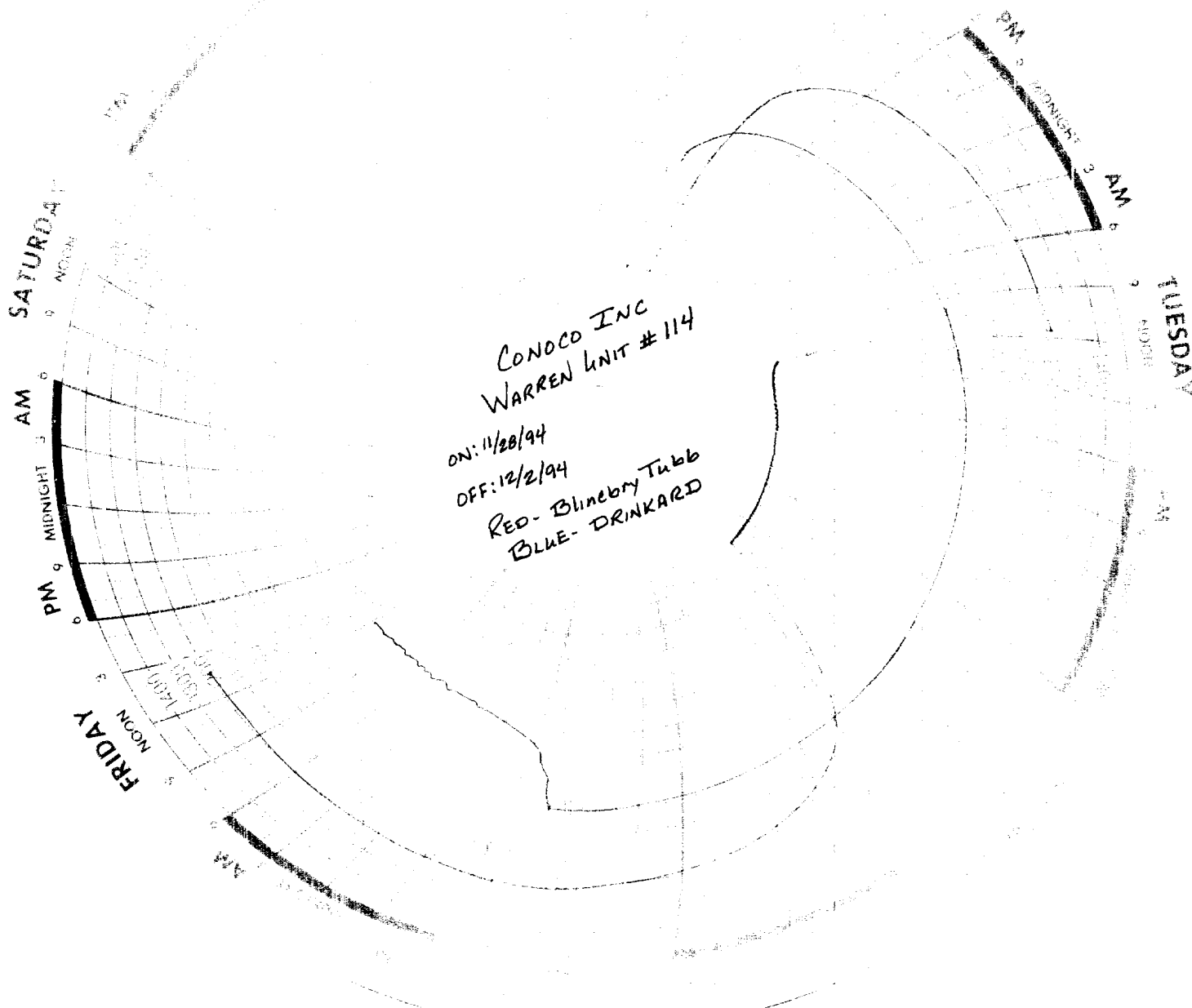
By ORIGINAL SIGNED BY

Title FIELD REP.

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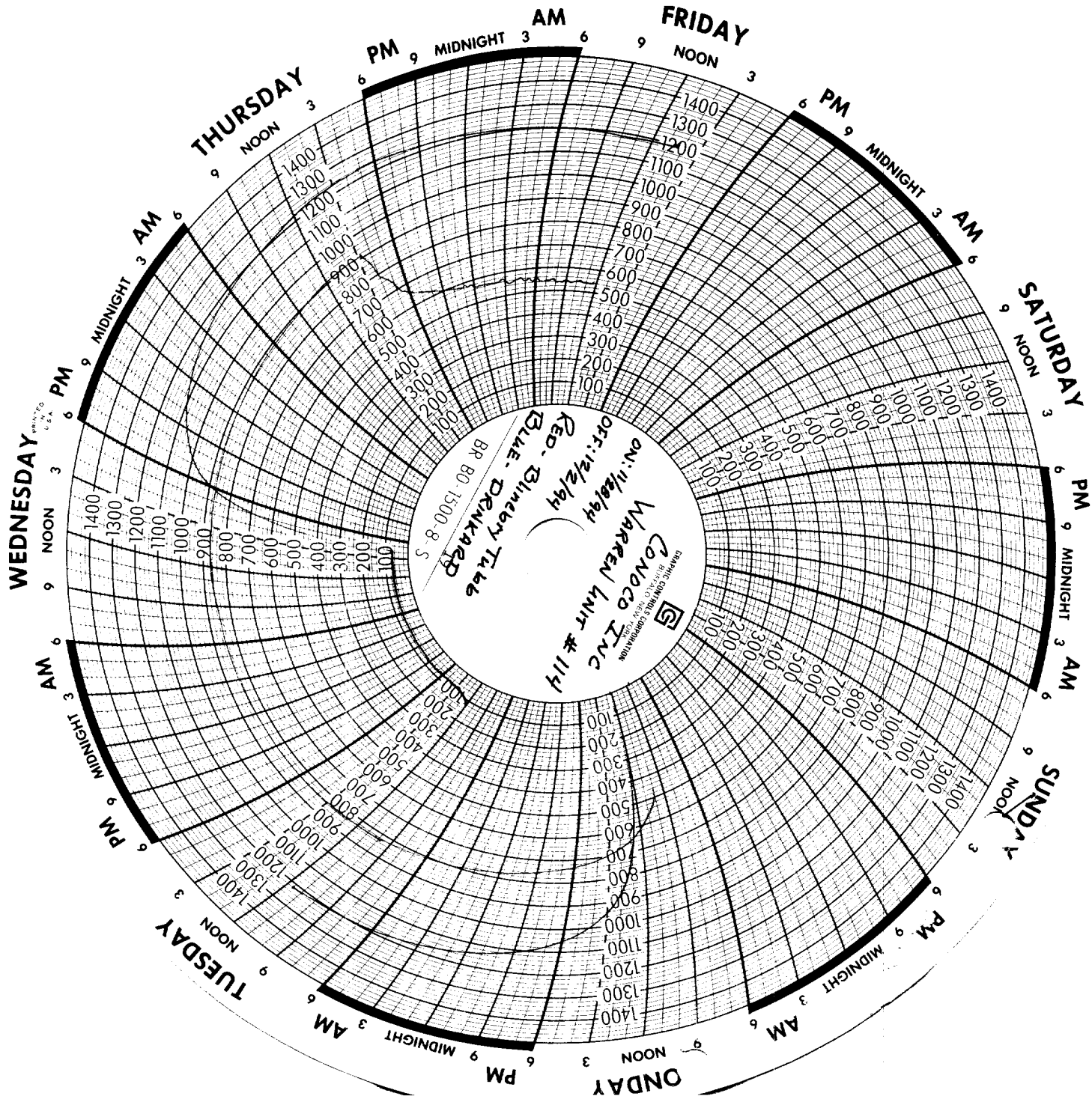
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