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

Operator			Lease			Well No.
CONOCO INC			Lockhart B 28			6
Location of Well	Unit	Sec.	Twp	Rge	County	
	A	28	21	36	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	EUMONT Yates	SAS	Pump	Tbg.	open
Lower Compl	EUMONT Queen	oil	Pump	Tbg	Open

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 4-22-91 12:20 PM

Well opened at (hour, date): 4-23 91 12:20 PM

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	40	10
Stabilized? (Yes or No)	yes	yes
Maximum pressure during test	160	200
Minimum pressure during test	30	10
Pressure at conclusion of test	100	10
Pressure change during test (Maximum minus Minimum)	130	190
Was pressure change an increase or a decrease?	Increase	Increase

Well closed at (hour, date): 4-24-91 12:20 PM Total Time On Production: 24 HOURS

Oil Production During Test: 0 bbls; Grav. _____ Gas Production During Test: 110 MCF; GOR _____

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 4-25-91 12:20 PM

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	40	10
Stabilized? (Yes or No)	yes	yes
Maximum pressure during test	160	200
Minimum pressure during test	30	10
Pressure at conclusion of test	100	10
Pressure change during test (Maximum minus Minimum)	130	190
Was pressure change an increase or a decrease?	Increase	Increase

Well closed at (hour, date) 4-25-91 12:20 PM Total time on Production: 24 HOURS

Oil production During Test: 6 bbls; Grav. _____; Gas Production During Test: 11 MCF; GOR 1833

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

David Alexander
Signature

David Alexander Prod Spvr.
Printed Name Title

OIL CONSERVATION DIVISION

Date Approved _____

By _____

Title _____