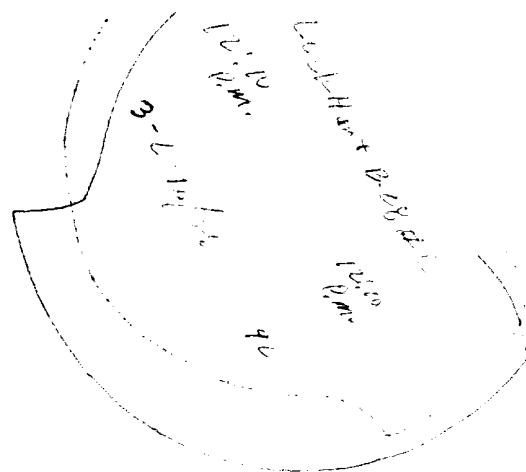




DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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>Lockhart B 28</u>			Well No. <u>6</u>		
Location of Well	Unit <u>A</u>	Sec. <u>28</u>	Twp <u>21</u>	Rge <u>36</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>EV MONT</u>		<u>GAS</u>	<u>Pump</u>	<u>Tbg.</u>		<u>open</u>	
Lower Compl	<u>EV MONT Queen</u>		<u>oil</u>	<u>Pump</u>	<u>Tbg.</u>		<u>open</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 4-27-91 12:20 PM

	Upper Completion	Lower Completion
Well opened at (hour, date): <u>4-23-91 12:20 PM</u>		
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>40</u>	<u>10</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	<u>160</u>	<u>200</u>
Minimum pressure during test.....	<u>30</u>	<u>10</u>
Pressure at conclusion of test.....	<u>100</u>	<u>10</u>
Pressure change during test (Maximum minus Minimum).....	<u>130</u>	<u>190</u>
Was pressure change an increase or a decrease?.....	<u>Increase</u>	<u>Increase</u>
Well closed at (hour, date): <u>4-24-91 12:20 PM</u>	Total Time On Production <u>24 HOURS</u>	
Oil Production	Gas Production	
During Test: <u>0</u> bbls; Grav. _____	During Test <u>110</u>	MCF; GOR _____
Remarks _____		

FLOW TEST NO. 2

Well opened at (hour, date): <u>4-25-91 12:20 PM</u>	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>40</u>	<u>10</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	<u>160</u>	<u>200</u>
Minimum pressure during test.....	<u>30</u>	<u>10</u>
Pressure at conclusion of test.....	<u>100</u>	<u>10</u>
Pressure change during test (Maximum minus Minimum).....	<u>130</u>	<u>190</u>
Was pressure change an increase or a decrease?.....	<u>Increase</u>	<u>Increase</u>
Well closed at (hour, date) <u>4-25-91 12:20 PM</u>	Total time on Production <u>24 HOURS</u>	
Oil production	Gas Production	
During Test: <u>6</u> bbls; Grav. _____	During Test <u>11</u>	MCF; GOR <u>1833</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
Daniel Alexander
Signature
Daniel Alexander Prod. Spec.
Printed Name Title

OIL CONSERVATION DIVISION

Date Approved _____
By _____
Title _____