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 Departm.

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			HAWK B-1			7
Location of Well	Unit	Sec.	Twp	Rge	County	
	P	9	21	37	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	Blinebry	gas	SI	—	—
Lower Compl	Tubbs	gas	flow	tbg	Open

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 11-5-90 9:00 AM

Well opened at (hour, date): 11-6-90 9:00

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	80	30
Stabilized? (Yes or No)	80	315
Maximum pressure during test	80	315
Minimum pressure during test	80	20
Pressure at conclusion of test	80	20
Pressure change during test (Maximum minus Minimum)	—	195
Was pressure change an increase or a decrease?	—	Increase

Well closed at (hour, date): ON PRODUCTION Total Time On Production 24 hrs

Oil Production During Test: 0 bbls; Grav. _____ Gas Production During Test 12 MCF; GOR _____

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): NO TEST

	Upper Completion	Lower Completion
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) _____ Total time on Production _____

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

Remarks Blinebry SI

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

Mark Hulse
Signature

MARK HULSE
Printed Name Title

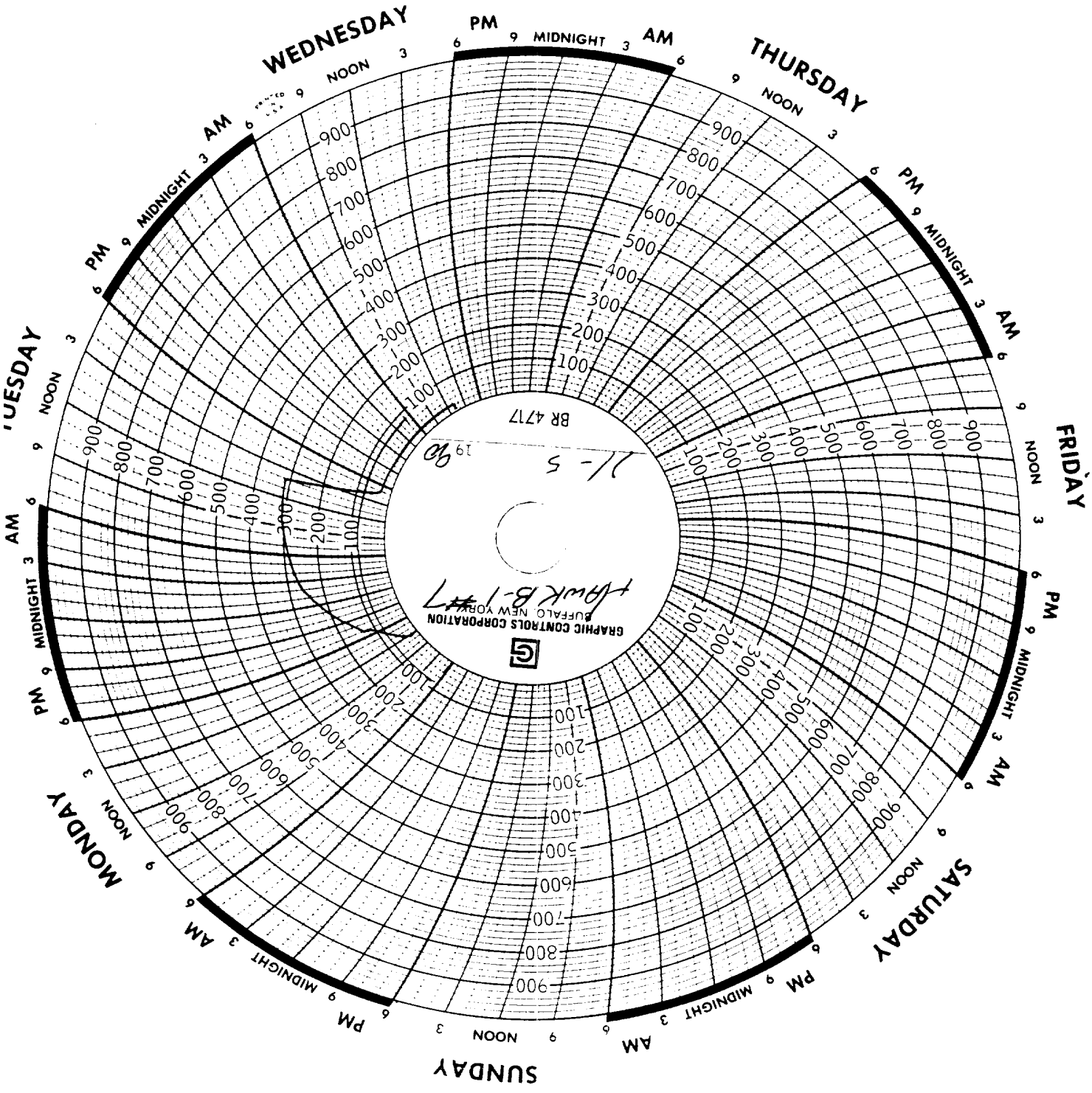
11-9-90 393-0982
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 21 1990

By Jerry Sexton

Title _____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