

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

OIL CONSERVATION DIVISION  
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

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>Conoco Inc</u>			Lease <u>HAWK B-1</u>			Well No. <u>7</u>		
Location of Well	Unit <u>P</u>	Sec. <u>9</u>	Twp <u>21</u>	Rge <u>37</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>Blinebry</u>		<u>gas SI</u>					
Lower Compl	<u>TLLbh</u>		<u>gas</u>	<u>flow</u>	<u>ether</u>	<u>full</u>		

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 11-6-89 9:00 PM

Well opened at (hour, date): 11-7-89 10:00 AM

	Upper Completion	Lower Completion
Indicate by ( X ) the zone producing.....		<u>X</u>
Pressure at beginning of test.....		<u>70</u>
Stabilized? (Yes or No).....		<u>300</u>
Maximum pressure during test.....		<u>300</u>
Minimum pressure during test.....		<u>70</u>
Pressure at conclusion of test.....		<u>70</u>
Pressure change during test (Maximum minus Minimum).....		<u>230</u>
Was pressure change an increase or a decrease?.....		<u>Increase</u>
Well closed at (hour, date): <u>ON PRODUCTION</u>	Total Time On Production <u>24 hrs.</u>	
Oil Production During Test: <u>10</u> bbls; Grav. _____	Gas Production During Test <u>15</u> MCF; GOR _____	
Remarks <u>NO EVIDENCE OF COMMUNICATION</u>		

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 <u>Blinebry SI</u>		

OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the information contained herein is true and completed to the best of my knowledge MP

Conoco Inc.  
Operator  
Mark Hulse  
Signature  
Mark Hulse  
Printed Name  
11-8-89  
Date  
317-5937  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 17 1989

By \_\_\_\_\_  
Orig. Signed by Paul Kautz  
Geologist  
Title \_\_\_\_\_