

This form is not to be used for reporting packer leakage tests in Northwest New Mexico

NEW MEXICO OIL CONSERVATION COMMISSION

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator CONOCO INC.			Lease STATE 10			Well No. 3	
Location of Well	Unit D	Sec 10	Twp 21	Rge 37	County 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	TUBB		OIL	FLOW	TBG.	20/64	
Lower Compl	DAINKAARD		OIL	FLOW	TBG.	40/64	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): **10:00 AM 3-22-82**

Well opened at (hour, date): **10:00 AM 3-23-82** Upper Completion Lower Completion

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

Pressure at beginning of test..... **300 320**

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

Maximum pressure during test..... **300 90**

Minimum pressure during test..... **300 90**

Pressure at conclusion of test..... **300 90**

Pressure change during test (Maximum minus Minimum)..... **0 0**

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

Well closed at (hour, date): **10:00 AM 3-24-82** Total Time On Production **24 HRS**

Oil Production Gas Production
During Test: **3** bbls; Grav. ; During Test **288** MCF; GOR

Remarks **NO EVIDENCE OF COMMUNICATION**

FLOW TEST NO. 2

Well opened at (hour, date): **10:00 AM 3-25-82** Upper Completion Lower Completion

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

Pressure at beginning of test..... **310 300**

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

Maximum pressure during test..... **300 300**

Minimum pressure during test..... **50 300**

Pressure at conclusion of test..... **300 300**

Pressure change during test (Maximum minus Minimum)..... **250 0**

Was pressure change an increase or a decrease?..... **INTERMITTENT -**

Well closed at (hour, date): **10:00 AM 3-26-82** Total time on Production **24 HRS.**

Oil Production Gas Production
During Test: **5** bbls; Grav. ; During Test **125** MCF; GOR

Remarks **NO EVIDENCE OF COMMUNICATION**

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

Approved **APR 15 1982** 19 Operator **CONOCO INC.**
New Mexico Oil Conservation Commission 20 By **John Coy**

ORIGINAL SIGNED BY
By **MERRY SEXTON** Title **PRODUCTION TECHNICIAN**
Title **DISTRICT 1 SUPER** Date **3-26-82**

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DAY

5

4

3

2

1

12

11

10

9

8

7

NIGHT

5

4

3

2

1

12

11

10

9

CALIBRATED
HARTS
BATAVIA
N.Y.

PLT

WATER WORKER

TIME TAKEN OFF

10:00 AM

10:00 AM

DATE PUT ON

DATE TAKEN OFF

8-22-42

3-26-43

TUBB

BR-2007
BO-2000-8

DRINK

STATE 10 A3

DRINK

DRINK