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			M.E Wuntz		9
Location of Well	Unit J	Sec. 21	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	gas	flow	tbg	full
Lower Compl	Drinkard	oil	flow	tbg	SI

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 5-2-89 9:00am

Well opened at (hour, date): 5-3-89 9:00AM

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	60	260
Stabilized? (Yes or No)	160	260
Maximum pressure during test	160	260
Minimum pressure during test	50	260
Pressure at conclusion of test	50	260
Pressure change during test (Maximum minus Minimum)	110	—
Was pressure change an increase or a decrease?	Increase	Increase

Well closed at (hour, date): 5-4-89 9:00am Total Time On Production 24 hrs

Oil Production During Test: 0 bbls; Grav. ____ Gas Production During Test 52 MCF; GOR —

Remarks ____

FLOW TEST NO. 2

Well opened at (hour, date): SI

	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 Drinkard SI

OPERATOR CERTIFICATE OF COMPLIANCE

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

Operator

Signature

Printed Name Title

Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 10 1989

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title