

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

OIL CONSERVATION DIVISION

INSTRUCTIONS ON REVERSE
SIDE

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

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>Conoco Inc.</u>		Lease <u>Elliott B-15</u>		Well No. <u># 3 - Drinkand</u>	
Location of Well <u>John H. Hendrix Corp.</u>		Unit <u>1</u> Sec. <u>15</u>		Twp <u>22</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>Tubb</u>	<u>Gas</u>	<u>Flow</u>	<u>Csg</u>	<u>24/64</u>
Lower Compl	<u>Drinkand</u>	<u>Gas</u>	<u>Flow</u>	<u>Tbg</u>	<u>Open</u>

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 6:00 AM 4/25/93

Well opened at (hour, date): 12:00 PM 4/25/93

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>180</u>	<u>70</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	<u>180</u>	<u>70</u>
Minimum pressure during test.....	<u>70</u>	<u>70</u>
Pressure at conclusion of test.....	<u>70</u>	<u>70</u>
Pressure change during test (Maximum minus Minimum).....	<u>110</u>	<u>70</u>
Was pressure change an increase or a decrease?.....	<u>Decrease</u>	<u>----</u>
Well closed at (hour, date): <u>6:00 PM 4/25/93</u>	Total Time On Production <u>6 hours</u>	
Oil Production During Test: <u>2</u> bbls; Grav. <u>42</u>	Gas Production During Test: <u>30</u>	MCF; GOR <u>15,000</u>
Remarks <u>No evidence of communication</u>		

FLOW TEST NO. 2

Well opened at (hour, date): Drinkand zone is T.A. (Conoco)

Indicate by (X) the zone producing: *Well T.A. by Conoco (operator)

	Upper Completion	Lower Completion
Pressure at beginning of test. <u>zone not flowed</u>	<u>210</u>	<u>70</u>
Stabilized? (Yes or No).....	<u>yes</u>	<u>yes</u>
Maximum pressure during test.....	<u>230</u>	<u>70</u>
Minimum pressure during test.....	<u>210</u>	<u>70</u>
Pressure at conclusion of test.....	<u>230</u>	<u>70</u>
Pressure change during test (Maximum minus Minimum).....	<u>20</u>	<u>70</u>
Was pressure change an increase or a decrease?.....	<u>Increase</u>	<u>-----</u>
Well closed at (hour, date) <u>not flowed</u>	Total time on Production	
Oil production During Test: _____ bbls; Grav. _____	Gas Production During Test: _____	MCF; GOR _____
Remarks _____		

OPERATOR CERTIFICATE OF COMPLIANCE

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

John H. Hendrix, Corp.

Operator

Marvin Burrows

Signature

Marvin Burrows-Production Supt.

Printed Name

Title

4-27-93

Date

394-2649

Telephone No

OIL CONSERVATION DIVISION

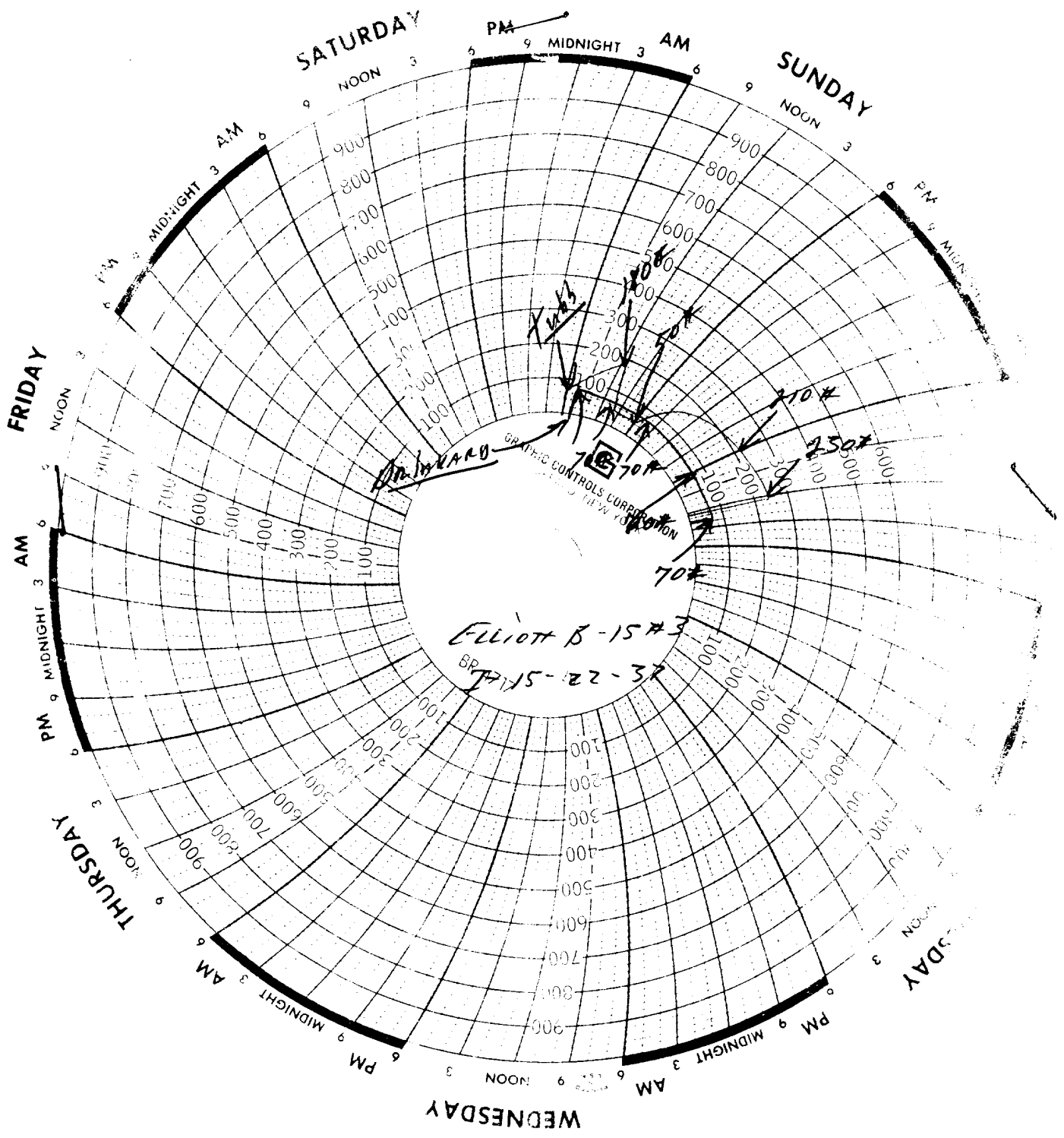
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Date Approved _____

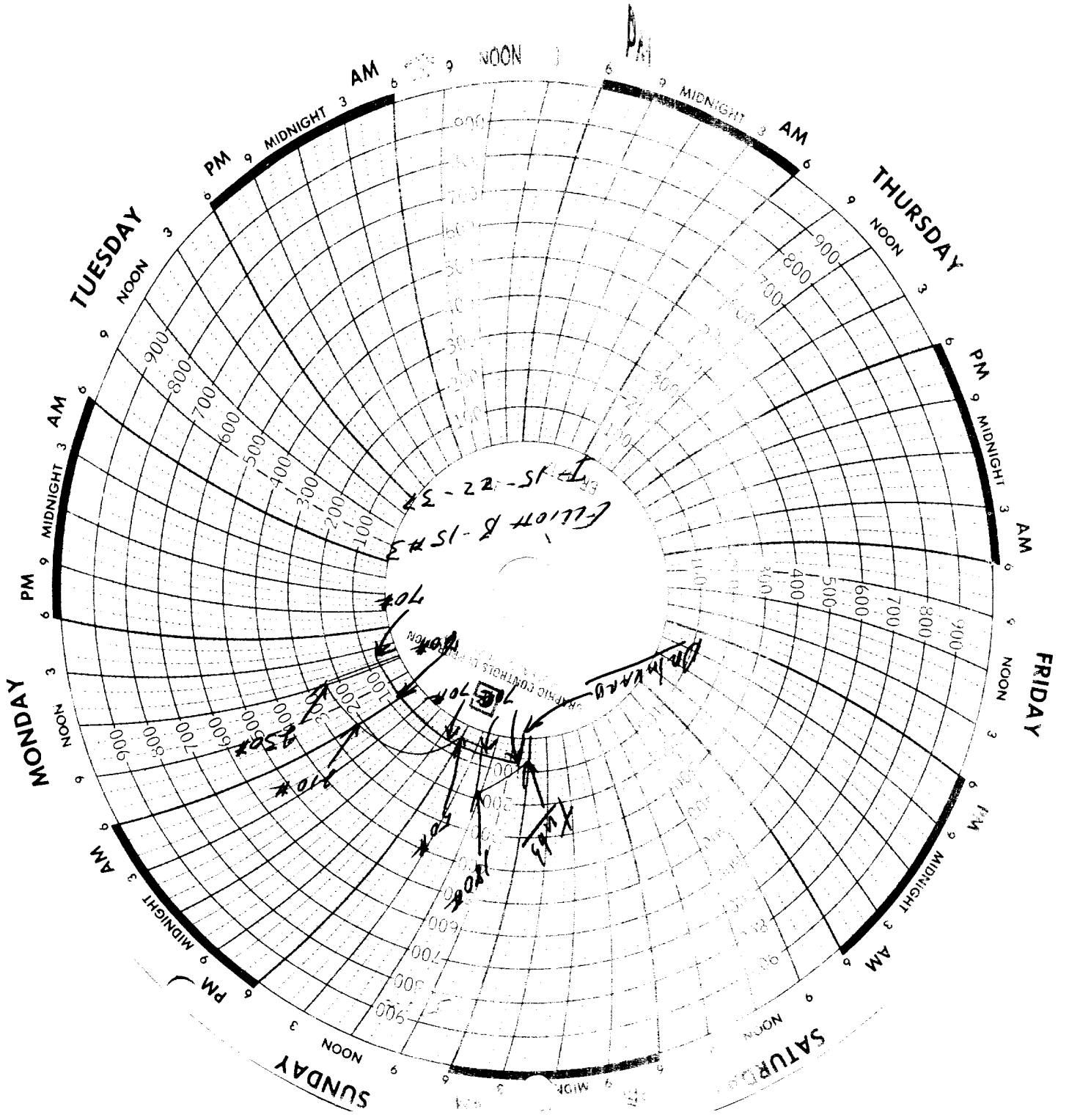
By ORIGINAL SIGNATURE BY JERRY SEXTON

SUPERVISOR

Title _____



WEDNESDAY



Elliott B-15 #3
E-15-22-32

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1000

1100

1200

1300

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1500

1600

1700

1800

1900

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OCD HOBBS OFFICE

APR 28 1993

RECEIVED