

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator CONOCO INC			Lease Vaughan B-1			Well No. 6		
Location of Well	Unit E	Sec. 1	Twp 24	Rge 36	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	Jalmat			Gas	Flow	Tbg	Full open	
Lower Compl	Langlie / Matthe			TSE				

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 1:30 PM 2-13-96

Well opened at (hour, date): 2:00 PM 2-14-96

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>Flowing @ 17</u>	<u>0</u>
Stabilized? (Yes or No).....	<u>Yes</u>	<u>Yes</u>
Maximum pressure during test.....	<u>34</u>	<u>0</u>
Minimum pressure during test.....	<u>17</u>	<u>0</u>
Pressure at conclusion of test.....	<u>34</u>	<u>0</u>
Pressure change during test (Maximum minus Minimum).....	<u>17</u>	<u>0</u>
Was pressure change an increase or a decrease?.....	<u>INCREASE</u>	
Well closed at (hour, date): <u>2-15-96</u>	Total Time On Production <u>24 hrs</u>	
Oil Production During Test: <u>-</u> bbls; Grav. <u>-</u>	Gas Production During Test: <u>26</u> MCF; GOR <u>-</u>	
Remarks <u>NO EVIDENCE OF COMMUNICATION</u>		

FLOW TEST NO. 2

	Upper Completion	Lower Completion
Well opened at (hour, date):		
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: <u>-</u> bbls; Grav. <u>-</u>	Gas Production During Test: <u>-</u> MCF; GOR <u>-</u>	
Remarks		

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
Thomas W. Duncan
Signature
Thomas W. Duncan
Printed Name
Prod. Spec.
Title

mp OIL CONSERVATION DIVISION
Date Approved MAR 04 1996
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
Title