

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>JACK A-21</u>			Well No. <u>1</u>		
Location of Well	Unit <u>M</u>	Sec. <u>21</u>	Twp <u>T-24S</u>	Rge <u>R-37E</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>YATES</u>		<u>GAS (GFL)</u>	<u>FLOWING</u>	<u>TBG.</u>	<u>---</u>		
Lower Compl	<u>MCDONNOLD OPERATING LANSHIE JACK #16 WIW</u>		<u>WTR. INJECTION</u>	<u>INJECTION</u>	<u>TBG.</u>	<u>---</u>		

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:00 AM 06-08-99

Well opened at (hour, date): 2:45 PM 06-09-99

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>30#</u>	<u>5#</u>
Stabilized? (Yes or No).....	<u>YES</u>	<u>YES</u>
Maximum pressure during test.....	<u>30#</u>	<u>5#</u>
Minimum pressure during test.....	<u>30#</u>	<u>5#</u>
Pressure at conclusion of test.....	<u>30#</u>	<u>5#</u>
Pressure change during test (Maximum minus Minimum).....	<u>0</u>	<u>0</u>
Was pressure change an increase or a decrease?.....	<u>N/A</u>	<u>N/A</u>
Well closed at (hour, date): <u>2:45 PM 06-10-99</u>	Total Time On Production <u>24 HRS.</u>	
Oil Production During Test: <u>0</u> bbls; Grav. _____	Gas Production During Test <u>0</u>	MCF; GOR <u>---</u>
Remarks _____		

FLOW TEST NO. 2

Well opened at (hour, date): 2:00 PM 06-11-99

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>30#</u>	<u>5#</u>
Stabilized? (Yes or No).....	<u>YES</u>	<u>YES</u>
Maximum pressure during test.....	<u>30#</u>	<u>5#</u>
Minimum pressure during test.....	<u>17#</u>	<u>5#</u>
Pressure at conclusion of test.....	<u>17#</u>	<u>5#</u>
Pressure change during test (Maximum minus Minimum).....	<u>13#</u>	<u>0#</u>
Was pressure change an increase or a decrease?.....	<u>DECREASE</u>	<u>---</u>
Well closed at (hour, date): <u>4:00 PM 06-12-99</u>	Total time on Production <u>26 HRS.</u>	
Oil production During Test: <u>0</u> bbls; Grav. _____	Gas Production During Test <u>3.6</u>	MCF; GOR <u>0</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
A. Brent Washington
Signature
A. BRENT WASHINGTON
Printed Name
MSO
Title

OIL CONSERVATION DIVISION

Date Approved 6/14/99

By Chris Williams

Title _____