

This form is to be used for reporting pressure leakage tests in Southwest New Mexico

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator Union Texas Petroleum Corp. Lease Jicavilla 'L' Well No. 7
Location of Well: Unit L Sec. 34 Twp. 25N Rge. 5W County Rio Arriba

	Name of Reservoir or Pool	Type of Prod. (Oil or Gas)	Method of Prod. (Flow or Art. Lift)	Prod. Medium (Tbg. or Csg.)
Upper Completion	<u>Pictured Cliffs</u>	<u>Gas</u>	<u>Flowing</u>	
Lower Completion	<u>Chaco</u>	<u>Gas</u>	<u>Flowing</u>	

PRE-FLOW SHUT-IN PRESSURE DATA				
Upper Compl	Hour, date Shut-in	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)
	<u>unknown</u>	<u>unknown</u>	<u>-0</u>	<u>Yes</u>
Lower Compl	Hour, date Shut-in	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)
	<u>11:00 A.M. 9/3/85</u>	<u>7 days</u>	<u>394</u>	<u>No</u>

FLOW TEST NO. 1

Commenced at (hour, date)*		Pressure		Zone producing (Upper or Lower):	
Time (hour, date)	Lapsed time since*	Upper Compl.	Lower Compl.	Prod. Zone Temp.	Remarks
<u>11:00 A.M. 9/8/85</u>	<u>1 day</u>	<u>0</u>	<u>394</u>		
<u>11:00 A.M. 9/9/85</u>	<u>2 days</u>	<u>0</u>	<u>394</u>		
<u>11:00 A.M. 9/10/85</u>	<u>3 days</u>	<u>0</u>	<u>394</u>		
<u>11:00 A.M. 9/11/85</u>	<u>4 days</u>	<u>0</u>	<u>364</u>	<u>61°</u>	
<u>11:00 A.M. 9/12/85</u>	<u>5 days</u>	<u>0</u>	<u>359</u>	<u>61°</u>	

Production rate during test

Oil: _____ BOPD based on _____ Bbls. in _____ Hrs. _____ Grav. _____ GOR _____
Gas: _____ MCFPD; Tested thru (Orifice or Meter): Meter

MID-TEST SHUT-IN PRESSURE DATA

Upper Compl	Hour, date Shut-in	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)
Lower Compl	Hour, date Shut-in	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)

FLOW TEST NO. 2

Commenced at (hour, date)**		Pressure		Zone producing (Upper or Lower):	
Time (hour, date)	Lapsed time since **	Upper Compl.	Lower Compl.	Prod. Zone Temp.	Remarks

Production rate during test

Oil: _____ BOPD based on _____ Bbls. in _____ Hrs. _____ Grav. _____ GOR _____
Gas: _____ MCFPD; Tested thru (Orifice or Meter): _____

REMARKS: _____

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

Approved: SEP 27 1985 19 _____
Oil Conservation Division

By _____ Original Signed by CHARLES GHOLSON
Title _____ DEPUTY OIL & GAS INSPECTOR, DIST. #3

Operator Union Texas Petroleum CorporationBy Barbara NormanTitle Production TechnicianDate 9/25/85