

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

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator Union Texas Petroleum Corp. Lease Jicarilla "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. Method of Prod. Prod. Medium
(Oil or Gas) (Flow or Art. Lift) (Tbg. or Csg.)

Upper Completion	<u>Pictured Cliffs</u>	<u>Gas</u>	<u>Flowing</u>	<u>Casing</u>
Lower Completion	<u>Chocoma</u>	<u>Gas</u>	<u>Flowing</u>	<u>Tubing</u>

PRE-FLOW SHUT-IN PRESSURE DATA

Upper Compl	Hour, date	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)
	<u>9:00 A.M. 9/20/86</u>	<u>unknown</u>	<u>0</u>	<u>Yes</u>
Lower Compl	Hour, date	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)
	<u>9:00 A.M. 9/20/86</u>	<u>3 days</u>	<u>377</u>	<u>No</u>

FLOW TEST NO. 1

Commenced at (hour, date)* <u>9/23/86 9:00 A.M.</u>					Zone producing (Upper or Lower):	
Time (hour, date)	Lapsed time since*	Pressure		Prod. Zone	Remarks	
		Upper Compl.	Lower Compl.	Temp.		
<u>9:00 A.M. 9/21/86</u>	<u>1 day</u>	<u>0</u>	<u>376</u>			
<u>9:00 A.M. 9/22/86</u>	<u>2 days</u>	<u>0</u>	<u>376</u>			
<u>9:00 A.M. 9/23/86</u>	<u>3 days</u>	<u>0</u>	<u>377</u>			
<u>9:00 A.M. 9/24/86</u>	<u>4 days</u>	<u>0</u>	<u>335</u>	<u>65°</u>		
<u>9:00 A.M. 9/25/86</u>	<u>5 days</u>	<u>0</u>	<u>304</u>	<u>65°</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	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)
Lower Compl	Hour, date	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)

FLOW TEST NO. 2

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

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OCT 21 1986
OIL CON. DIV.
DIST. 3

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: OCT 21 1986
Oil Conservation Division
By Charles Olson
Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

Operator Union Texas Petroleum Corporation
By Barbara Norman
Title Production Technician
Date 10/17/86