

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 "H" Well No. 8
Location of Well: Unit P Sec. 19 Twp. 26N Rge. 4W 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>Gallup</u>	<u>Oil</u>	<u>Flowing</u>	<u>Tubing</u>
Lower Completion	<u>Sakota</u>	<u>Gas</u>	<u>Flowing</u>	<u>Tubing</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>833</u>	<u>No</u>
Lower Compl	Hour, date Shut-in	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)
	<u>3:00 P.M. 6/25/85</u>	<u>2 months</u>	<u>836</u>	<u>No</u>

FLOW TEST NO. 1

Commenced at (hour, date)* 9/12/85 8:00 A.M. Zone producing (Upper or Lower): Lower

Time (hour, date)	Lapsed time since*	Pressure		Prod. Zone Temp.	Remarks
		Upper Compl.	Lower Compl.		
<u>8:00 A.M. 9/10/85</u>	<u>1 day</u>	<u>833</u>	<u>836</u>		
<u>8:00 A.M. 9/11/85</u>	<u>2 days</u>	<u>833</u>	<u>836</u>		
<u>8:00 A.M. 9/12/85</u>	<u>3 days</u>	<u>833</u>	<u>836</u>		
<u>8:00 A.M. 9/13/85</u>	<u>4 days</u>	<u>610</u>	<u>428</u>	<u>66°</u>	
<u>8:00 A.M. 9/14/85</u>	<u>5 days</u>	<u>610</u>	<u>390</u>	<u>66°</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)** _____ Zone producing (Upper or Lower): _____

Time (hour, date)	Lapsed time since **	Pressure		Prod. Zone Temp.	Remarks
		Upper Compl.	Lower Compl.		

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

REMARKS: Production Leak

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

Approved: _____ 19 _____
Oil Conservation Division
Operator Union Texas Petroleum Corp.
By Barbara Norman
Title Production Technician
Date 9/25/85