

This form is to be
filled out for all
pressure leakage tests
in southern New Mexico

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator Union Texas Petroleum Corp Well Jicarilla #4 No. 9
Location _____
Unit B Sec. 1 Twp. 26N Rge. 5W County Rio Arriba
Type of Prod. _____ Method of Prod. _____ Prod. Medium _____
(Oil or Gas) (Flow or Art. Lift) (Tbr. or Csg.)

Upper Completion	<u>Mesa Verde</u>	<u>Gas</u>	<u>Flowing</u>	<u>Tubing</u>
Lower Completion	<u>Dakota</u>	<u>Gas</u>	<u>Flowing</u>	<u>Tubing</u>

PRE-FLOW SHUT-IN PRESSURE DATA

Upper Completion	Hour, date <u>9:00 A.M.</u>	Length of time shut-in <u>3 days</u>	SI press. psig <u>525</u>	Stabilized? (Yes or No) <u>No</u>
Lower Completion	Hour, date <u>9:00 A.M.</u>	Length of time shut-in <u>3 months</u>	SI press. psig <u>905</u>	Stabilized? (Yes or No) <u>No</u>

FLOW TEST NO. 1

Commenced at (hour, date)* 10/29/85 9:00 A.M. Zone producing (Upper or Lower): Lower

Time (hour, date)	Lapsed time since*	Pressure (Upper Compl. Lower Compl.)	Prod. Zone Temp.	Remarks
<u>9:00 A.M.</u>				
<u>10/27/85</u>	<u>1 day</u>	<u>518 888</u>		
<u>9:00 A.M.</u>				
<u>10/28/85</u>	<u>2 days</u>	<u>524 898</u>		
<u>9:00 A.M.</u>				
<u>10/29/85</u>	<u>3 days</u>	<u>525 905</u>		
<u>9:00 A.M.</u>				
<u>10/30/85</u>	<u>4 days</u>	<u>525 364</u>	<u>60°</u>	
<u>9:00 A.M.</u>				
<u>10/31/85</u>	<u>5 days</u>	<u>530 335</u>	<u>60°</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 Completion	Hour, date _____	Length of time shut-in _____	SI press. psig _____	Stabilized? (Yes or No) _____
Lower Completion	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 (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: NOV 12 1985
Conservation Division
Original Signed by CHARLES GHOLSON

Operator Union Texas Petroleum Corporation

By Barbara Norman

Title Production Technician

Oil & Gas Inspector, Dist. #3

Date 11/8/85