



STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT  
OIL CONSERVATION DIVISION  
AZTEC DISTRICT OFFICE

JERRY APODACA  
GOVERNOR

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1000 RIO BRAZOS ROAD  
AZTEC, NEW MEXICO 87410  
(505) 334-6178

Mr. H.E. McAnally  
El Paso Natural Gas Company  
Box 990  
Farmington, New Mexico 87401

Re: El Paso Natural Gas Company  
San Juan 27-5 Unit #67 B-31-27-5

Dear Herman:

The attached packer test for the above well indicates communication between the producible zones.

You are hereby directed to take immediate action to cause the well to comply with Rule 112A and the order authorizing the multiple completion.

If you have any questions, please contact this office.

Yours truly,

Frank T. Chavez  
Deputy Inspector

FTC:no

Enclosure

NEW MEXICO OIL CONSERVATION COMMISSION  
NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

FORM PL-NW-1  
REV. 11-1-64

Operator <b>El Paso Natural Gas Company</b>				Well Name and Number <b>San Juan 27-5 Unit #67 (PM)</b>			
Location of Well Unit B Sec. 31 Twp. 27 Rge. 05			TYPE OF TEST →	Annual - (Give Year) <b>1979</b>	Initial - (Give Date)	<input type="checkbox"/> NEW <input type="checkbox"/> OWWO	
UPPER COMPLETION	Reservoir or Pool <b>PC</b>	<input checked="" type="checkbox"/> GAS <input type="checkbox"/> OIL		<input checked="" type="checkbox"/> FLOWING <input type="checkbox"/> ARTIFICIAL LIFT	Production String <input checked="" type="checkbox"/> CASING <input checked="" type="checkbox"/> TUBING		
LOWER COMPLETION	Reservoir or Pool <b>MV</b>	<input checked="" type="checkbox"/> GAS <input type="checkbox"/> OIL		<input checked="" type="checkbox"/> FLOWING <input type="checkbox"/> ARTIFICIAL LIFT	Production String <input type="checkbox"/> CASING <input checked="" type="checkbox"/> TUBING		

Date	Upper Zone		Lower Zone		
	Shut-In		Shut-In	Flow Test	
	Casing	Tubing	Tubing	Tubing	Flow Rate
6-04-79	326	326	369		
6-05-79	334	335	376		
6-06-79	343	343	383		
6-07-79	317	316		289	502
6-08-79	322	320		316	494

Remarks:



The results of this test indicate (No Packer Leakage) (Packer Leakage) in this well.

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

APPROVED *Not approved*, 19\_\_\_\_  
NEW MEXICO OIL CONSERVATION COMMISSION

BY \_\_\_\_\_

OPERATOR El Paso Natural Gas Company

BY *H. E. McAnally*

TITLE Well Test Engineer

DATE \_\_\_\_\_

DAYS  
1 2 3 4 5

