Energy and Minerals Department

OIL CONSERVATION DIVISION

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator __Turner Production Company__   Lease __Turner 26__   Well No. ___1___

Location
Of Well: Unit _I_ Sec. _26_ Twp. _26_   Rge. _7_   County _RA_

	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	So. Blanc PC	Gas	Flow	CSG
Lower Completion	Otera Chacra	Gas	Flow(dead)	TBG

PRE-FLOW SHUT-IN PRESSURE DATA

Upper Compl	Hour, date Shut-in 11-4-92	Length of time shut-in 3 days	SI press. psig 156	Stabilized? (Yes XXX No)
Lower Compl	Hour, date Shut-in 11-4-92	Length of time shut-in 5 days	SI press. psig 0	Stabilized? (Yes XXX No)

FLOW TEST NO. 1

Commenced at (hour, date)* _11-7-92_   Zone producing (Upper XXX Lower XXX):

Time (hour, date)	Lapsed time since*	Pressure Upper Compl.	Pressure Lower Compl.	Prod. Zone Temp.	Remarks
11-7-92	0	156	0		
11-8-92	1 day	135	0		
11-9-92	2 days	133	0		Opened Chacra to atmosphere for 15 minutes. No change in PC psi.

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:__DEC 23 1992__ 19___
Conservation Division

Original Signed by CHARLES GHOLSON

__DEPUTY OIL & GAS INSPECTOR, DIST. #3__
Title

Operator __Turner Production Co.__

By_____

Title_____Agent_____

Date_____12-15-92_____