

Form OCS-100 (Rev. 10-1-78)
For use in the Oil Conservation Division
in the United States of America

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator Union Texas Petroleum Corp. Lease Navajo Indian Well No. 6
Location
of Well: Unit E Sec. 6 Twp. 26 N Rge. 8 W County San Juan
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>Casing</u>
Lower Completion	<u>Rakota</u>	<u>Gas</u>	<u>Flowing</u>	<u>Tubing</u>

PRE-FLOW SHUT-IN PRESSURE DATA

Upper Completion	Hour, date Shut-in	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)
	<u>12/26/86</u>	<u>24 weeks</u>	<u>462</u>	<u>No</u>
Lower Completion	Hour, date Shut-in	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)
	<u>4/3/87</u>	<u>10 weeks</u>	<u>121</u>	<u>No</u>

FLOW TEST NO. 1

Commenced at (hour, date)* <u>6/17/87 8:30 A.M.</u>				Zone producing (Upper or Lower): <u>Lower</u>	
Time (hour, date)	Lapsed time since*	Pressure		Prod. Zone Temp.	Remarks
		Upper Compl.	Lower Compl.		
<u>8:30 A.M. 6/15/87</u>	<u>1 day</u>	<u>461</u>	<u>120</u>		
<u>8:30 A.M. 6/16/87</u>	<u>2 days</u>	<u>462</u>	<u>121</u>		
<u>8:30 A.M. 6/17/87</u>	<u>3 days</u>	<u>462</u>	<u>121</u>		
<u>8:30 A.M. 6/18/87</u>	<u>4 days</u>	<u>461</u>	<u>556</u>	<u>70°</u>	
<u>8:30 A.M. 6/19/87</u>	<u>5 days</u>	<u>458</u>	<u>347</u>	<u>70°</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 Shut-in	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)
Lower Completion	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: _____

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

Approved: JUL 09 1987
Oil Conservation Division
Original Signed by CHARLES GHOLSON
By _____
Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

Operator Union Texas Petroleum Corporation
By Barbara Neuman
Title Production Technician
Date 7/2/87

JUL 09 1987
OIL CON. DIV.
DIST. 3