

This form is to be used for reporting
packer leakage tests
in Southeast New Mexico

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator Union Texas Petroleum Corp. Lease Star Well No. 3
Location
of Well: Unit G Sec. 5 Twp. 26 N Rge. 8 W County San Juan
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>Misamverde</u>	<u>Gas</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	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)
	<u>9:00 A.M.</u> <u>6/17/84</u>	<u>3 days</u>	<u>419</u>	<u>No</u>
Lower Compl	Hour, date	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)
	<u>9:00 A.M.</u> <u>6/17/84</u>	<u>3 days</u>	<u>-0-</u>	<u>Yes</u>

FLOW TEST NO. 1

Commenced at (hour, date)* 9:00 A.M. 6/20/84 Zone producing (Upper or Lower): upper

Time (hour, date)	Lapsed time since*	Pressure		Prod. Zone Temp.	Remarks
		Upper Compl.	Lower Compl.		
<u>9:00 A.M.</u> <u>6/18/84</u>	<u>1 day</u>	<u>395</u>	<u>-0-</u>		
<u>9:00 A.M.</u> <u>6/19/84</u>	<u>2 days</u>	<u>412</u>	<u>-0-</u>		
<u>9:00 A.M.</u> <u>6/20/84</u>	<u>3 days</u>	<u>419</u>	<u>-0-</u>		
<u>9:00 A.M.</u> <u>6/21/84</u>	<u>4 days</u>	<u>214</u>	<u>-0-</u>	<u>72°</u>	
<u>9:00 A.M.</u> <u>6/22/84</u>	<u>5 days</u>	<u>213</u>	<u>-0-</u>	<u>72°</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	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)
Lower Compl	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		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: JUN 28 1984 19 _____
Oil Conservation Division
Original Signed by CHARLES GUNLSON

Operator Union Texas Petroleum Corp.
By Barbara Norman
Title Production Technician
Date 6/26/84

Title _____ DEPUTY OIL & GAS INSPECTOR, DIST. #3

RECEIVED
JUN 28 1984
OIL CON. DIV.
DIST. 3