

THIS FORM IS TO BE
FILLED OUT BY THE
LANDMAN (SEE INSTRUCTIONS)
IN THE NORTHWEST NEW MEXICO

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator Union Texas Petroleum Corp. Lease Newson "A" Well No. 7-E
Location
of Well: Unit B Sec. 10 Twp. 26N Rge. 8W County San Juan

Name of Reservoir or Pool Type of Prod. Method of Prod. Prod. Medium
(Oil or Gas) (Flow or Art. Lift) (Tob. or Csg.)

Upper Completion Pictured Cliffs Gas Flowing Tubing
Lower Completion Dakota Gas Flowing Tubing

PRE-FLOW SHUT-IN PRESSURE DATA

Upper Completion	Hour, date	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)
Upper	9:00 A.M.	3 days	402	No
Lower	9:00 A.M.	3 days	1222	No

FLOW TEST NO. 1

Commenced at (hour, date) 12/10/86 9:00 A.M. Zone producing (Upper or Lower): Lower

Time (hour, date)	Lapsed time since*	Pressure		Prod. Zone Temp.	Remarks
		Upper Compl.	Lower Compl.		
9:00 A.M. 12/8/86	1 day	394	1098		
9:00 A.M. 12/9/86	2 days	399	1151		
9:00 A.M. 12/10/86	3 days	402	1222		
9:00 A.M. 12/11/86	4 days	402	625	58°	
9:00 A.M. 12/12/86	5 days	402	396	58°	

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)
Upper				
Lower				

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: _____ 1986
Oil Conservation Division
Original Signed By _____

Operator Union Texas Petroleum Corporation

By Barbara Norman

Title Production Technician

Date 12/15/86