

THIS FORM IS TO BE
USED FOR REPORTING
PACER LEAKAGE TESTS
IN SOUTHWEST NEW MEXICO

NORTHWEST NEW MEXICO PACER-LEAKAGE TEST

Operator Union Texas Petroleum Corp. Lease Nickson Well No. 11E
Location of Well: Unit CH Sec. 11 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) (Tbg. or Csg.)

Upper Completion	<u>Pictured Cliffs</u>	<u>Gas</u>	<u>Flowing</u>	<u>Csg.</u>
Lower Completion	<u>Dakota</u>	<u>Gas</u>	<u>Flowing</u>	<u>Tbg.</u>

PRE-FLOW SHUT-IN PRESSURE DATA

Upper	Hour, date	8:00 A.M.	Length of	SI press.	Stabilized?
Compl.	Shut-in	<u>4/12/86</u>	time shut-in	<u>476</u>	(Yes or No) <u>No</u>
Lower	Hour, date	8:00 A.M.	Length of	SI press.	Stabilized?
Compl.	Shut-in	<u>4/26/87</u>	time shut-in	<u>715</u>	(Yes or No) <u>No</u>

FLOW TEST NO. 1

Commenced at (hour, date)*	<u>4/29/87</u>	<u>8:00 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>8:00 A.M.</u>				
<u>4/27/87</u>	<u>1 day</u>	<u>444</u>	<u>659</u>	
<u>8:00 A.M.</u>				
<u>4/28/87</u>	<u>2 days</u>	<u>470</u>	<u>694</u>	
<u>8:00 A.M.</u>				
<u>4/29/87</u>	<u>3 days</u>	<u>476</u>	<u>715</u>	
<u>8:00 A.M.</u>				
<u>4/30/87</u>	<u>4 days</u>	<u>478</u>	<u>138</u>	<u>52°</u>
<u>8:00 A.M.</u>				
<u>5/1/87</u>	<u>5 days</u>	<u>484</u>	<u>143</u>	<u>52°</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	Hour, date	Length of	SI press.	Stabilized?
Compl.	Shut-in	time shut-in	psig	(Yes or No)
Lower	Hour, date	Length of	SI press.	Stabilized?
Compl.	Shut-in	time shut-in	psig	(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.
		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 04 1987 19
Oil Conservation Division

By _____ Original Signed by CHARLES SNOLSON

Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

Operator Union Texas Petroleum Corporation

By Barbara Norman

Title Production Technician

Date 6/1/87

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