

Form 1-1000
Instructions for use
packing leakage tests
in northeast New Mexico

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator Union Texas Petroleum Corp Lease Navajo Indian "B" Well No. 5-M
Location _____
of Well: Unit E Sec. 30 Twp. 27N Rge. 8W County San Juan
Type of Prod. _____ Method of Prod. _____ Prod. Medium _____
Name of Reservoir or Pool (Oil or Gas) (Flow or Art. Lift) (Tbg. or Csg.)

Upper Completion	<u>Mesavada</u>	<u>Gas</u>	<u>Flow</u>	<u>Tubing</u>
Lower Completion	<u>Dakota</u>	<u>Gas</u>	<u>Flow</u>	<u>Tubing</u>

PRE-FLOW SHUT-IN PRESSURE DATA

Upper Compl.	Hour, date Shut-in	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)
	<u>Unknown</u>	<u>Unknown</u>	<u>943</u>	<u>Yes</u>
Lower Compl.	Hour, date Shut-in	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)
	<u>10:00 A.M. 1/18/83</u>	<u>64 Days</u>	<u>952</u>	<u>Yes</u>

FLOW TEST NO. 1

Commenced at (hour, date)* 10:00 A.M. 3/23/83 Zone producing (Upper or Lower): Lower

Time (hour, date)	Lapsed time since*	Pressure		Prod. Zone Temp.	Remarks
		Upper Compl.	Lower Compl.		
<u>10:00 A.M. 3/21/83</u>	<u>1 Day</u>	<u>941</u>	<u>949</u>		
<u>10:00 A.M. 3/22/83</u>	<u>2 Days</u>	<u>943</u>	<u>952</u>		
<u>10:00 A.M. 3/23/83</u>	<u>3 Days</u>	<u>943</u>	<u>952</u>		
<u>10:00 A.M. 3/24/83</u>	<u>4 Days</u>	<u>943</u>	<u>623</u>	<u>60°</u>	
<u>10:00 A.M. 3/25/83</u>	<u>5 Days</u>	<u>943</u>	<u>508</u>	<u>60°</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 Shut-in	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)
Lower Compl.	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:

Oil Conservation Division

Original Signed by CHARLES GHOLSON

Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

Operator Union Texas Petroleum Corp

By John C. Rector

Title Production Foreman

Date 4/6/83

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DIST. 3

P.S.I.G.
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NAVASO INDIAN "B" No. 5-M

