

Operator <b>El Paso Natural Gas Company</b>			Well Name and Number <b>San Juan 29-7 U. #113M</b>		
Location of Well Unit <b>I</b> Sec. <b>29</b> Twp. <b>29</b> Rge. <b>07</b>			TYPE OF TEST →	Annual -- (Give Year) <b>4-21-86</b>	Initial -- (Give Date) <b>4-21-86</b>
UPPER COMPLETION	Reservoir or Pool <b>MV</b>	<input checked="" type="checkbox"/> GAS <input type="checkbox"/> OIL	<input checked="" type="checkbox"/> FLOWING <input type="checkbox"/> ARTIFICIAL LIFT	Production String <input type="checkbox"/> CASING <input checked="" type="checkbox"/> TUBING	
LOWER COMPLETION	Reservoir or Pool <b>DK</b>	<input checked="" type="checkbox"/> GAS <input type="checkbox"/> OIL	<input checked="" type="checkbox"/> FLOWING <input type="checkbox"/> ARTIFICIAL LIFT	Production String <input type="checkbox"/> CASING <input checked="" type="checkbox"/> TUBING	

SHUT-IN PRESSURE DATA BEFORE FLOW TEST NO. 1

UPPER COMPLETION	Date Well Shut-In <b>4-14-86</b>	No. Days Shut-In <b>7</b>	Shut-In Pressure -- Psig <b>775</b> CASING <b>785</b> TUBING		Stabilized Pressure <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
LOWER COMPLETION	Date Well Shut-In <b>4-14-86</b>	No. Days Shut-In <b>7</b>	Shut-In Pressure -- Psig CASING <b>2325</b> TUBING		Stabilized Pressure <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
FLOW TEST NO. 1			Zone Producing <input type="checkbox"/> UPPER <input checked="" type="checkbox"/> LOWER		Date Flow Started <b>4-21-86</b>	
LAPSED TIME SINCE FLOW BEGAN	SHUT-IN ZONE PRESSURES -- PSIG		PRODUCING ZONE PRESSURES -- PSIG		FLOWING TEMP. °F	REMARKS:
	CASING	TUBING	FLOWING	WORKING		
15 Mins.	780	789	320		88	
30 Mins.	780	789	270		88	
45 Mins.	780	789	335		82	
1 Hr.	780	789	297		82	
2 Hrs.	780	789	230		80	
3 Hrs.	780	789	210		79	
GAS <b>2581</b> MCFT/METER <input type="checkbox"/> CHOKE <input checked="" type="checkbox"/> OIL RATE -- BBL./D GRAVITY °API						
REMARKS:						

SHUT-IN PRESSURE DATA BEFORE FLOW TEST NO. 2

UPPER COMPLETION	Date Well Shut-In <b>4-14-86</b>	No. Days Shut-In <b>14</b>	Shut-In Pressure -- Psig <b>790</b> CASING <b>780</b> TUBING		Stabilized Pressure <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
LOWER COMPLETION	Date Well Shut-In <b>4-21-86</b>	No. Days Shut-In <b>7</b>	Shut-In Pressure -- Psig CASING <b>2300</b> TUBING		Stabilized Pressure <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
FLOW TEST NO. 2			Zone Producing <input checked="" type="checkbox"/> UPPER <input type="checkbox"/> LOWER		Date Flow Started <b>4-28-86</b>	
LAPSED TIME SINCE FLOW BEGAN	PRODUCING ZONE PRESSURES -- PSIG		SHUT-IN ZONE PRESSURES -- PSIG		FLOWING TEMP. °F	REMARKS:  <div>RECEIVED MAY 07 1986 CON. DIV. DIST. 3</div>
	FLOWING	WORKING	CASING	TUBING		
15 Mins.	150	772		2308	60	
30 Mins.	140	765		2310	60	
45 Mins.	210	760		2310	65	
1 Hr.	210	752		2312	62	
2 Hrs.	198	735		2313	61	
3 Hrs.	193	725		2315	61	
GAS <b>2417</b> MCFT/METER <input type="checkbox"/> CHOKE <input checked="" type="checkbox"/> OIL RATE -- BBL./D GRAVITY °API						
REMARKS:						

The results of this test indicate (No Packer Leakage) (Packer Leakage) in this well.

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

MAY - 7 1986

APPROVED \_\_\_\_\_, 19\_\_\_\_

NEW MEXICO OIL CONSERVATION COMMISSION

Original Signed by CHARLES GHOLSON

BY \_\_\_\_\_

DEPUTY OIL & GAS INSPECTOR, DIST. #3

OPERATOR El Paso Natural Gas Company

BY [Signature]

TITLE \_\_\_\_\_

DATE \_\_\_\_\_