

NORTHWEST NEW MEXICO
OIL CONSERVATION DIVISION
In Northwest New Mexico

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator Union Texas Petroleum Corp. Lease Pierce "A" Well No. 2-E
Location of Well: Unit E Sec. 34 Twp. 29N Rge. 10W County San Juan

Name of Reservoir or Pool	Type of Prod. (Oil or Gas)	Method of Prod. (Flow or Art. Lift)	Prod. Medium (Tbr. or Csg.)
Upper Completion <u>Sallup</u>	<u>Oil</u>	<u>Pumping</u>	<u>Casing</u>
Lower Completion <u>Sakota</u>	<u>Gas</u>	<u>Flowing</u>	<u>Tubing</u>

PRE-FLOW SHUT-IN PRESSURE DATA

Upper Completion	Hour, date <u>8:00 A.M.</u>	Length of time shut-in <u>3 days</u>	SI press. psig <u>262</u>	Stabilized? (Yes or No) <u>No</u>
Lower Completion	Hour, date <u>8:00 A.M.</u>	Length of time shut-in <u>3 days</u>	SI press. psig <u>459</u>	Stabilized? (Yes or No) <u>No</u>

FLOW TEST NO. 1

Commenced at (hour, date)* <u>12/9/86</u>	<u>8:00 A.M.</u>	Zone producing (Upper or Lower): <u>Upper</u>			
Time (hour, date)	Lapsed time since*	Pressure		Prod. Zone Temp.	Remarks
<u>8:00 A.M.</u> <u>12/7/86</u>	<u>1 day</u>	<u>209</u>	<u>438</u>		
<u>8:00 A.M.</u> <u>12/8/86</u>	<u>2 days</u>	<u>253</u>	<u>453</u>		
<u>8:00 A.M.</u> <u>12/9/86</u>	<u>3 days</u>	<u>262</u>	<u>459</u>		
<u>8:00 A.M.</u> <u>12/10/86</u>	<u>4 days</u>	<u>163</u>	<u>468</u>	<u>68°</u>	
<u>8:00 A.M.</u> <u>12/11/86</u>	<u>5 days</u>	<u>148</u>	<u>473</u>	<u>68°</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 Completion	Hour, date	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)
Lower Completion	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: JOHN 02 1987
Oil Conservation Division

Original Signed by CHARLES CHILSON

Operator Union Texas Petroleum Corporation

By Barbara Norman

Title Production Technician

Date 12/31/86

DEPT. FILE - GAS GAS METER, DIST. #3