

This form is to be used for reporting packer leakage tests in Southeast New Mexico

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator Union Texas Petroleum Corp. Lease Jicarilla "J" Well No. 10
 Location of Well: Unit I Sec. 26 Twp. 26N Rge. 5W County Rio Arriba
 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>Lalup</u>	<u>Gas</u>	<u>Flow</u>	<u>Tubing</u>
Lower Completion	<u>Basin 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>570</u>	<u>Yes</u>
Lower Compl	Hour, date Shut-in	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)
	<u>9:00 A.M. 9/26/82</u>	<u>3 Days</u>	<u>672</u>	<u>No</u>

FLOW TEST NO. 1

Commenced at (hour, date)* 9:00 A.M. 9/29/82 Zone producing (Upper or Lower): Lower

Time (hour, date)	Lapsed time since*	Pressure		Prod. Zone Temp.	Remarks
		Upper Compl.	Lower Compl.		
<u>9:00 A.M. 9/27/82</u>	<u>1 Day</u>	<u>570</u>	<u>638</u>		
<u>9:00 A.M. 9/28/82</u>	<u>2 Days</u>	<u>570</u>	<u>657</u>		
<u>9:00 A.M. 9/29/82</u>	<u>3 Days</u>	<u>570</u>	<u>672</u>		
<u>9:00 A.M. 9/30/82</u>	<u>4 Days</u>	<u>570</u>	<u>370</u>	<u>66°</u>	
<u>9:00 A.M. 10/1/82</u>	<u>5 Days</u>	<u>570</u>	<u>327</u>	<u>66°</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): _____

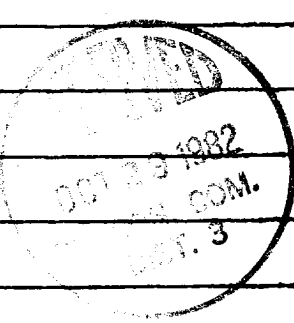
REMARKS: _____

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

Approved: OCT 29 1982 19
 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 10/8/82



...of the well, and usually...
 ...of the well, and usually...
 ...of the well, and usually...

...pressure gauge at the...
 ...pressure gauge at the...
 ...pressure gauge at the...

24-hour oil zone tests: all pressures...
 24-hour oil zone tests: all pressures...
 24-hour oil zone tests: all pressures...

The results of the above-described tests...
 The results of the above-described tests...
 The results of the above-described tests...

P.S.I.G.

JICARILLA "J" No. 10

