

This form is to be used for reporting positive leakage tests in Southwest New Mexico

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator Union Texas Petroleum Corp Well No. 23
Location of Well: Unit A Sec. 25 Twp. 26N Rge. 5W County Rio Arriba

	Name of Reservoir or Pool	Type of Prod. (Oil or Gas)	Method of Prod. (Flow or Art. Lift)	Prod. Medium (Tbg. or Csg.)
Upper Completion	<u>Mesaverde</u>	<u>Gas</u>	<u>Flowing</u>	<u>Casing</u>
Lower Completion	<u>Gallup/Dakota</u>	<u>Oil</u>	<u>Flowing</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>11:00 A.M.</u>	<u>5/24/85</u>	<u>3 months</u>	<u>1000</u>	<u>No</u>
Lower Compl	Hour, date Shut-in	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)	
	<u>11:00 A.M.</u>	<u>6/21/85</u>	<u>2 months</u>	<u>998</u>	<u>Yes</u>

FLOW TEST NO. 1

Commenced at (hour, date)*		Pressure		Prod. Zone	Remarks
Time (hour, date)	Lapsed time since*	Upper Compl.	Lower Compl.	Temp.	
<u>11:00 A.M.</u>	<u>8/27/85</u>	<u>1 day</u>	<u>992</u>	<u>990</u>	
<u>11:00 A.M.</u>	<u>8/28/85</u>	<u>2 days</u>	<u>1000</u>	<u>999</u>	
<u>11:00 A.M.</u>	<u>8/29/85</u>	<u>3 days</u>	<u>1000</u>	<u>999</u>	
<u>11:00 A.M.</u>	<u>8/30/85</u>	<u>4 days</u>	<u>455</u>	<u>1000</u>	<u>68°</u>
<u>11:00 A.M.</u>	<u>8/31/85</u>	<u>5 days</u>	<u>400</u>	<u>1000</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 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)**		Pressure		Prod. Zone	Remarks
Time (hour, date)	Lapsed time since **	Upper Compl.	Lower Compl.	Temp.	

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: SEP 27 1985 19 _____
Oil Conservation Division

By _____
Original Signed by CHARLES GHOLSON

Title _____
DEPUTY OIL & GAS INSPECTOR, DIST. #3

Operator Union Texas Petroleum Corporation

By Barbara Neuman

Title Production Technician

Date 9/26/85

RESERVED
SEP 27 1985
OIL CON. DIV.
DIST. 3