

This form is to be
used for reporting
packer-leakage tests
in four-hour New Mexico

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator Supcon Energy Corp. Lease Shatt Well No. 3
Location of Well: Unit G Sec. 5 Twp. 26N Rge. 8W County San Juan
Name of Reservoir or Pool (Oil or Gas) (Flow or Art. Lift) Prod. Medium (Tbg. or Csg.)

Upper Completion	<u>Mesaverde</u>	<u>Gas</u>	<u>Flow</u>	<u>Tubing</u>
Lower Completion	<u>Sakota</u>	<u>Gas</u>	<u>Flow</u>	<u>Tubing</u>

PRE-FLOW SHUT-IN PRESSURE DATA

Upper Completion	Hour, date <u>9:30 A.M. 2/22/82</u>	Length of time shut-in <u>3 Days</u>	SI press. psig <u>412</u>	Stabilized? (Yes or No) <u>No</u>
Lower Completion	Hour, date <u>Unknown</u>	Length of time shut-in <u>Unknown</u>	SI press. psig <u>52</u>	Stabilized? (Yes or No) <u>Yes</u>

FLOW TEST NO. 1

Commenced at (hour, date)* 9:30 A.M. 2/23/82 Zone producing (Upper or Lower): Upper

Time (hour, date)	Lapsed time since*	Pressure		Prod. Zone Temp.	Remarks
		Upper Compl.	Lower Compl.		
<u>9:30 A.M. 2/23/82</u>	<u>1 Day</u>	<u>394</u>	<u>52</u>		
<u>9:30 A.M. 2/24/82</u>	<u>2 Days</u>	<u>405</u>	<u>52</u>		
<u>9:30 A.M. 2/25/82</u>	<u>3 Days</u>	<u>412</u>	<u>52</u>		
<u>9:30 A.M. 2/26/82</u>	<u>4 Days</u>	<u>144</u>	<u>52</u>	<u>90°</u>	
<u>9:30 A.M. 2/27/82</u>	<u>5 Days</u>	<u>144</u>	<u>52</u>	<u>90°</u>	

Production rate during test

Oil: _____ BOPD based on _____ Bbls. in _____ Hrs. _____ Grav. _____ GOR _____
Gas: _____ MCFPD; Tested thru (Orifice or Meter): Meter

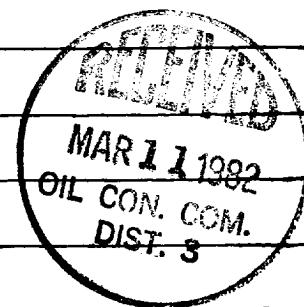
MID-TEST SHUT-IN PRESSURE DATA

Upper Completion	Hour, date Shut-in	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)
Lower Completion	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.

MAR 11 1982

Approved: _____ 19_____
Oil Conservation Division
Original Signed by CHARLES GHOLSON

Operator Supcon Energy Corp.
By Kenneth E. Roddy
Title Production Supt.
Date 3/8/82

Deputy Oil & Gas Inspector, Dist. #3

NEW MEXICO Packer Leakage Test Instructions

1. A packer leakage test shall be commenced on each multiply completed well within ten days after actual completion of the well, and annually thereafter, as provided for in the prior authorizing the multiple completion. The test shall be commenced in all multiple completions within 10 days following completion of any chemical or fracture treatment. No packer leakage test shall be run on a well during which the packer or seal-off has been disturbed. Tests shall also be taken at any time the Division is requested or when requested by the Division.

2. At least 24 hours prior to the commencement of any packer leakage test, the operator shall notify the Division in writing of the exact time the test is to be commenced. These operators shall also be so notified.

3. The packer leakage test shall commence when both zones of the dual completion are shut-in for pressure stabilization. Both zones shall remain shut-in until the well-head pressure in each has stabilized, provided that they have not remain shut-in more than seven days.

4. For Flow Test No. 1, one zone of the dual completion shall be produced at the normal rate of production while the other zone remains shut-in. This test shall be continued for seven days in the case of a gas well and for 24 hours in the case of an oil well. Note: If, on an initial packer leakage test, a gas well is being flowed to the atmosphere due to the lack of a flowing connection the flow period shall be three hours.

5. Following completion of Flow Test No. 1, the well shall again be shut-in accordance with Paragraph 3 above.

6. Flow Test No. 2 shall be conducted when enough no leak was indicated by Flow Test No. 1. Procedure for Flow Test No. 2 is to be the same as for Flow Test No. 1, except that the previously produced zone shall remain shut-in and the zone which was previously shut-in is produced.

7. Pressures for packer leakage tests shall be measured with a deadweight pressure gauge at any intervals as follows: (a) For tests immediately prior to the beginning of the flow period, (b) For tests at intervals during the flow period, (c) For tests at intervals after the flow period, including the pressure measurement for the first 24 hours of the completion of each flow period. Tests shall be immediately after the beginning of each flow period, at least one time during each flow period for approximately the midway point, and immediately prior to the termination of each flow period. These pressures shall be recorded, or may be requested on wells which have previously been tested, and test data.

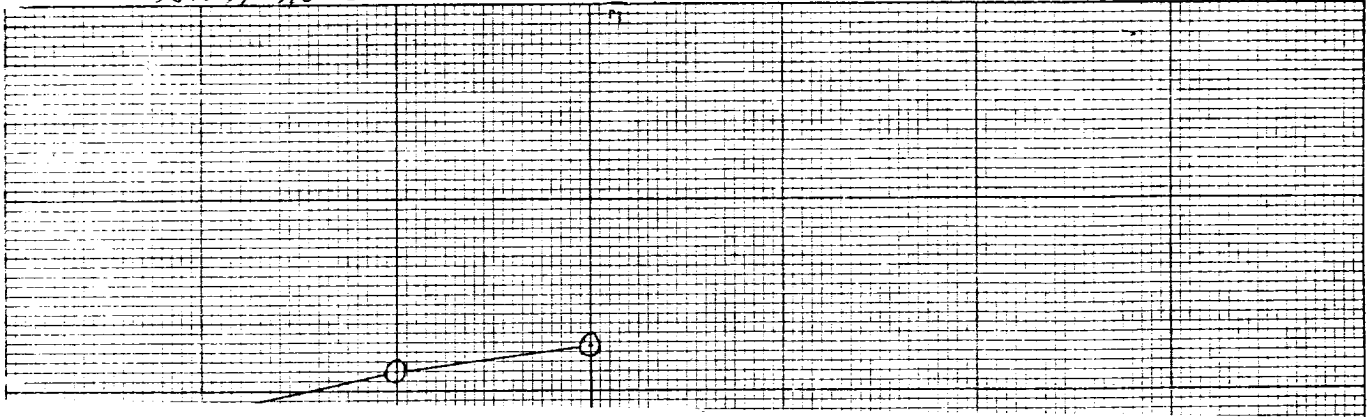
8. 24-hour oil zone tests: All pressures, throughout the entire test, shall be continuously measured and recorded with deadweight pressure gauges, the accuracy of which must be checked at least twice, once at the beginning and once at the end of each test, with a deadweight pressure gauge. If a well is a gas-oil or an oil-gas dual completion, the recording gauge shall be required on the oil zone only, with shut-in pressures as required above being taken on the gas zone.

9. The results of the above-described tests shall be filed in triplicate within 15 days after completion of the test. Tests shall be filed with the Field District Office of the Oil Conservation Division in Northwest New Mexico Packer Leakage Test Form Revised 10-1-73, with all deadweight pressures indicated thereon as well as the flowing temperatures (gas flows only) and gravity and API oil zones (oil). A pressure versus time curve for each zone of each test shall be constructed on the reverse side of the Packer Leakage Test Form with all deadweight pressure points indicated thereon. For oil zones, the pressure curve should also indicate all key pressure changes which may be indicated by the recording gauge charts. These key pressure changes shall also be indicated on the front of the Packer Leakage Test Form.

P.S.I.G.
500

Start No. 3

100



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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-
Effective 1-1-65

I.

Operator Union Texas Petroleum Corporation	
Address 1860 Lincoln Street, Suite 1010, Denver, Colorado 80295	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) Change of ownership to Unicon Producing Company successor to Supron Energy Corporation	
If change of ownership give name and address of previous owner Supron Energy Corporation, P. O. Box 808, Farmington, New Mexico 87401	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Starr	Well No. 3	Pool Name, Including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee Federal	Lease No. SF078962
Location Unit Letter <u>G</u> ; <u>1560</u> Feet From The <u>North</u> Line and <u>1850</u> Feet From The <u>East</u> Line of Section <u>5</u> Township <u>26 North</u> Range <u>8 West</u> , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>Plattman</u>	Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, New Mexico 79978			
If well produces oil or liquids, give location of tanks.	Unit <u>G</u>	Sec. <u>5</u>	Twp. <u>26N</u>	Rge. <u>8W</u>
Is gas actually connected?		When		
Yes		05-14-65		

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 09-30-64	Date Compl. Ready to Prod. 10-16-64		Total Depth 6800' RKB		P.B.T.D. 6760' RKB			
Elevations (DF, RKB, RT, GR, etc.) 6262' DF	Name of Producing Formation Mesaverde		Top Oil/Gas Pay 4599'		Tubing Depth 4452' RKB			
Perforations 4399-4517'					Depth Casing Shoe 6799' RKB			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 298'		SACKS CEMENT 230			
7 7/8"	5 1/2"		6799'		1550 cu ft			
	1 3/4"		4452'					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Union Texas Petroleum Corporation

(Signature)
Vice-President

(Title)

(Date)
6-11-82

OIL CONSERVATION COMMISSION

JUL 23 1982

APPROVED
BY Original Signed by Jeff Edmister, 19

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.