

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

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator Union Texas Petroleum Corp. Lease Newsom "A" Well No. 6-E
Location
of Well: Unit 6 Sec. 15 Twp. 26 N Rge. 8 W County San Juan
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>Pictured Cliffs</u>	<u>Gas</u>	<u>Flowing</u>	<u>Tubing</u>
Lower Completion	<u>Dakota</u>	<u>Gas</u>	<u>Flowing</u>	<u>Tubing</u>

PRE-FLOW SHUT-IN PRESSURE DATA

Upper Compl	Hour, date	8:30 A.M.	Length of time shut-in	3 days	SI press. psig	542	Stabilized? (Yes or No)	No
Lower Compl	Hour, date	8:30 A.M.	Length of time shut-in	3 days	SI press. psig	912	Stabilized? (Yes or No)	No

FLOW TEST NO. 1

Commenced at (hour, date)* 8/16/84 8:30 A.M. Zone producing (Upper or Lower): Lower

Time (hour, date)	Lapsed time since*	Pressure		Prod. Zone Temp.	Remarks
		Upper Compl.	Lower Compl.		
<u>8:30 A.M. 8/14/84</u>	<u>1 day</u>	<u>532</u>	<u>771</u>		
<u>8:30 A.M. 8/15/84</u>	<u>2 days</u>	<u>542</u>	<u>902</u>		
<u>8:30 A.M. 8/16/84</u>	<u>3 days</u>	<u>542</u>	<u>912</u>		
<u>8:30 A.M. 8/17/84</u>	<u>4 days</u>	<u>543</u>	<u>343</u>	<u>64°</u>	
<u>8:30 A.M. 8/18/84</u>	<u>5 days</u>	<u>545</u>	<u>349</u>	<u>64°</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: SEP 04 1984 19
Oil Conservation Division
Original Signed by CHARLES GHOLSON
Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

Operator Union Texas Petroleum Corp.
By Barbara Norman
Title Production Technician
Date 8/30/84