

THIS FORM IS TO BE
FILED IN THE
OIL CONSERVATION DIVISION
IN THE OFFICE OF THE
DEPUTY OIL & GAS INSPECTOR
IN ALBUQUERQUE, NEW MEXICO

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator Union Texas Petroleum Corp. Lease Navajo Indian "B" Well No. 3
Location _____
of Well: Unit N Sec. 19 Twp. 37 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>Mesa Verde</u>	<u>Gas</u>	<u>Flowing</u>	<u>Tubing</u>

PRE-FLOW SHUT-IN PRESSURE DATA

Upper Compl.	Hour, date <u>9:00 A.M.</u>	Length of time shut-in <u>3 days</u>	SI press. psig <u>312</u>	Stabilized? (Yes or No) <u>Yes</u>
Lower Compl.	Hour, date <u>9:00 A.M.</u>	Length of time shut-in <u>3 days</u>	SI press. psig <u>384</u>	Stabilized? (Yes or No) <u>No</u>

FLOW TEST NO. 1

Commenced at (hour, date)* <u>8/14/84 9:00 A.M.</u>				Zone producing (Upper or Lower): <u>Lower</u>	
Time (hour, date)	Lapsed time since*	Pressure		Prod. Zone Temp.	Remarks
<u>9:00 A.M.</u> <u>8/12/84</u>	<u>1 day</u>	<u>312</u>	<u>381</u>		
<u>9:00 A.M.</u> <u>8/13/84</u>	<u>2 days</u>	<u>312</u>	<u>383</u>		
<u>9:00 A.M.</u> <u>8/14/84</u>	<u>3 days</u>	<u>312</u>	<u>384</u>		
<u>9:00 A.M.</u> <u>8/15/84</u>	<u>4 days</u>	<u>312</u>	<u>371</u>	<u>66°</u>	
<u>9:00 A.M.</u> <u>8/16/84</u>	<u>5 days</u>	<u>312</u>	<u>358</u>	<u>66°</u>	

Production rate during test

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

MID-TEST SHUT-IN PRESSURE DATA

Upper Compl.	Hour, date _____	Length of time shut-in _____	SI press. psig _____	Stabilized? (Yes or No) _____
Lower Compl.	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: AUG 23 1984 19 _____
Oil Conservation Division
Original Signed by CHARLES GHOLSON
y _____
Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

Operator Union Texas Petroleum Corp.
By Barbara Norman
Title Production Technician
Date 8/20/84