

This form is to be used for recording packer leakage tests in Northwest New Mexico

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator Mountain Fuel Supply Company Lease Fruitland Well No. 1  
Location of Well: Unit A Sec. 28 Twp. 30 N Rge. 14 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>Casing</u>
Lower Completion	<u>Mesaverde</u>	<u>Gas</u>	<u>Flowing</u>	<u>Tubing</u>

PRE-FLOW SHUT-IN PRESSURE DATA

Upper Compl	Hour, date Shut-in <u>12-22-79</u>	Length of time shut-in <u>674</u>	SI press. psig <u>157</u>	Stabilized? (Yes <del>xxxxxx</del> )
Lower Compl	Hour, date Shut-in <u>12-22-79</u>	Length of time shut-in <u>674</u>	SI press. psig <u>248</u>	Stabilized? (Yes <del>xxxxxx</del> )

FLOW TEST NO. 1

Commenced at (hour, date)* <u>10-27-81</u>				Zone producing (Upper <del>xxxxxx</del> Lower):	
Time (hour, date)	Lapsed time since*	Pressure		Prod. Zone	Remarks
		Upper Compl.	Lower Compl.	Temp.	
<u>10:00 10-27-81</u>		<u>157</u>	<u>248</u>		<u>Both zones shut in</u>
<u>10:30 10-27-81</u>	<u>30 minutes</u>	<u>73</u>	<u>32</u>		<u>Blow lower zone</u>
<u>11:00 10-27-81</u>	<u>30 minutes</u>	<u>59</u>	<u>18</u>		<u>Blow lower zone</u>
<u>12:00 10-27-81</u>	<u>60 minutes</u>	<u>36</u>	<u>10</u>		<u>Blow lower zone</u>
<u>1:00 pm 10-27-81</u>	<u>60 minutes</u>	<u>26</u>	<u>11</u>		<u>Shut in lower zone</u>

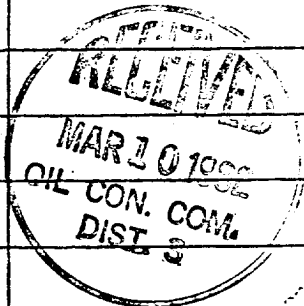
Production rate during test  
Oil: \_\_\_\_\_ BOPD based on \_\_\_\_\_ Bbls. in \_\_\_\_\_ Hrs. \_\_\_\_\_ Grav. \_\_\_\_\_ GOR \_\_\_\_\_  
Gas: 0 MCFPD; Tested thru (Orifice or Meter): \_\_\_\_\_

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	Remarks
		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: Well is not tied in.

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

Approved: NOT APPROVED 19 \_\_\_\_\_  
Oil Conservation Division

Operator Mountain Fuel Supply Company

By Robert L. Rasmussen

Title Staff Engineer

Date March 8, 1982

by DIRECTED TO REPAIR

Title 3-17-82