

Form OCS-100
Oil Conservation Division
Washington, D.C. 20540
In Southwestern New Mexico

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator Union Texas Petroleum Corp. Lease Nordhaus Well No. 2-A
Location of Well: Unit C Sec. 11 Twp. 31N Rge. 9W 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>Mesavie</u>	<u>Gas</u>	<u>Flowing</u>	<u>Tubing</u>
Lower Completion	<u>Sakota</u>	<u>Gas</u>	<u>Flowing</u>	<u>Tubing</u>

PRE-FLOW SHUT-IN PRESSURE DATA

Upper	Hour, date	8:00 A.M.	Length of	SI press.	Stabilized?
Compl.	Shut-in	<u>10/27/86</u>	time shut-in	<u>410</u>	(Yes or No) <u>No</u>
Lower	Hour, date	8:00 A.M.	Length of	SI press.	Stabilized?
Compl.	Shut-in	<u>10/27/86</u>	time shut-in	<u>516</u>	(Yes or No) <u>No</u>

FLOW TEST NO. 1

Commenced at (hour, date)* 10/30/86 8:00 A.M. Zone producing (Upper or Lower): upper

Time (hour, date)	Lapsed time since*	Pressure Upper Compl.	Pressure Lower Compl.	Prod. Zone Temp.	Remarks
8:00 A.M. 10/28/86	<u>1 day</u>	<u>343</u>	<u>312</u>		
8:00 A.M. 10/29/86	<u>2 days</u>	<u>403</u>	<u>434</u>		
8:00 A.M. 10/30/86	<u>3 days</u>	<u>410</u>	<u>516</u>		
8:00 A.M. 10/31/86	<u>4 days</u>	<u>370</u>	<u>583</u>	<u>60°</u>	
8:00 A.M. 11/1/86	<u>5 days</u>	<u>377</u>	<u>619</u>	<u>60°</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	Hour, date	Length of	SI press.	Stabilized?
Compl.	Shut-in	time shut-in	psig	(Yes or No)
Lower	Hour, date	Length of	SI press.	Stabilized?
Compl.	Shut-in	time shut-in	psig	(Yes or No)

FLOW TEST NO. 2

Commenced at (hour, date)** _____ Zone producing (Upper or Lower): _____

Time (hour, date)	Lapsed time since **	Pressure Upper Compl.	Pressure Lower Compl.	Prod. Zone Temp.	Remarks

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: _____
Oil Conservation Division
Original Signed By CHARLES GHOLSON

By _____
Title _____

Operator Union Texas Petroleum Corporation

By Barbara Norman

Title Production Technician

Date 11/7/86