

This form is not to  
be used for reporting  
packer leakage tests  
in Southeast New Mexico

## NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator Union Texas Petroleum Corp. Lease Quinn Well No. 4-A  
Location of Well: Unit 1 Sec. 19 Twp. 31N Rge. 8W County SAN JUAN  
Name of Reservoir or Pool (Oil or Gas) (Flow or Art. Lift) (Tbg. or Csg.)

Upper Completion	<u>Mesa Verde</u>	<u>GAS</u>	<u>Flow</u>	<u>Tbg</u>
Lower Completion	<u>Uketa</u>	<u>GAS</u>	<u>Flow</u>	<u>Tbg</u>

## PRE-FLOW SHUT-IN PRESSURE DATA

Upper Compl	Hour, date	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)
	<u>3-1-82</u>	<u>6 months</u>	<u>662</u>	<u>no</u>
Lower Compl	Hour, date	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)
	<u>Unknown</u>	<u>Unknown</u>	<u>538</u>	<u>yes</u>

## FLOW TEST NO. 1

Commenced at (hour, date)*				Zone producing (Upper or Lower): <u>Upper</u>	
Time (hour, date)	Lapsed time since*	Pressure		Prod. Zone Temp.	Remarks
		Upper Compl.	Lower Compl.		
<u>12:00</u>					
<u>8-28-82</u>	<u>1 day</u>	<u>642</u>	<u>530</u>		
<u>12:00</u>					
<u>8-29-82</u>	<u>2 days</u>	<u>654</u>	<u>536</u>		
<u>12:00</u>					
<u>8-30-82</u>	<u>3 days</u>	<u>662</u>	<u>540</u>		
<u>12:00</u>					
<u>8-31-82</u>	<u>4 days</u>	<u>375</u>	<u>538</u>	<u>61°</u>	
<u>12:00</u>					
<u>9-1-82</u>	<u>5 days</u>	<u>375</u>	<u>538</u>	<u>61°</u>	

Production rate during test

Oil: \_\_\_\_\_ BOPI 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	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: \_\_\_\_\_ BOPI 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 17 1982 19 \_\_\_\_\_  
Oil Conservation Division  
Original Signed by CHARLES GHOLSON  
by \_\_\_\_\_  
Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

Operator Union Texas Petroleum Corp  
By Bernie E Brown  
Title Prod. Foreman  
Date 9-15-82