

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 Oxnard Well No. 3-A
Location of Well: Unit P Sec. 8 Twp. 31N Rge. 8W 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>Mesaverde</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	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)
	<u>8:30 A.M. 11/16/85</u>	<u>3 days</u>	<u>645</u>	<u>No</u>
Lower Compl	Hour, date	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)
	<u>9/4/85</u>	<u>10 weeks</u>	<u>652</u>	<u>No</u>

FLOW TEST NO. 1

Commenced at (hour, date)* 11/19/85 8:30 A.M. Zone producing (Upper or Lower): upper

Time (hour, date)	Lapsed time since*	Pressure		Prod. Zone Temp.	Remarks
		Upper Compl.	Lower Compl.		
<u>8:30 A.M. 11/17/85</u>	<u>1 day</u>	<u>585</u>	<u>603</u>		
<u>8:30 A.M. 11/18/85</u>	<u>2 days</u>	<u>610</u>	<u>634</u>		
<u>8:30 A.M. 11/19/85</u>	<u>3 days</u>	<u>645</u>	<u>652</u>		
<u>8:30 A.M. 11/20/85</u>	<u>4 days</u>	<u>368</u>	<u>481</u>	<u>60°</u>	
<u>8:30 A.M. 11/21/85</u>	<u>5 days</u>	<u>315</u>	<u>448</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 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: OK

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

Approved: _____ 19 _____
Oil Conservation DivisionBy Charles Gholson

Title _____

Operator Union Texas Petroleum CorporationBy Barbara NormanTitle Production TechnicianDate 11/27/85