

This form is not to
be used for reporting
pressure leakage tests
in Southwestern New Mexico

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator Union Texas Petroleum Corp Lease McCord Well No. 10-E
Location
of Well: Unit F Sec. 33 Twp. 30N Rge. 13W County San Juan

Name of Reservoir or Pool	Type of Prod. (Oil or Gas)	Method of Prod. (Flow or Art. Lift)	Prod. Medium (Tbg. or Csg.)
Upper Completion <u>Gallup</u>	<u>Oil</u>	<u>Flowing</u>	<u>Casing</u>
Lower Completion <u>Dakota</u>	<u>Gas</u>	<u>Flowing</u>	<u>Tubing</u>

PRE-FLOW SHUT-IN PRESSURE DATA

Upper Completion	Hour, date Shut-in <u>unknown</u>	Length of time shut-in <u>unknown</u>	SI press. psig <u>50</u>	Stabilized? (Yes or No) <u>Yes</u>
Lower Completion	Hour, date Shut-in <u>8:30 A.M. 4/7/86</u>	Length of time shut-in <u>3 days</u>	SI press. psig <u>394</u>	Stabilized? (Yes or No) <u>No</u>

FLOW TEST NO. 1

Commenced at (hour, date)* 4/10/86 8:30 A.M. Zone producing (Upper or Lower): Lower

Time (hour, date)	Lapsed time since*	Pressure		Prod. Zone Temp.	Remarks
		Upper Compl.	Lower Compl.		
<u>8:30 A.M. 4/8/86</u>	<u>1 day</u>	<u>50</u>	<u>355</u>		
<u>8:30 A.M. 4/9/86</u>	<u>2 days</u>	<u>50</u>	<u>375</u>		
<u>8:30 A.M. 4/10/86</u>	<u>3 days</u>	<u>50</u>	<u>394</u>		
<u>8:30 A.M. 4/11/86</u>	<u>4 days</u>	<u>50</u>	<u>322</u>	<u>58°</u>	
<u>8:30 A.M. 4/12/86</u>	<u>5 days</u>	<u>50</u>	<u>216</u>	<u>58°</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 Completion	Hour, date Shut-in	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)
Lower Completion	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 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.

MAY - 8 1986

Approved: _____ 19 _____
Oil Conservation Division

By _____ Original Signed by CHARLES GHOLSON

Title _____ DEPUTY OIL & GAS INSPECTOR, DIST. #3

Operator Union Texas Petroleum CorporationBy Barbara NormanTitle Production TechnicianDate 5/5/86