

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

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator Union Texas Petroleum Corp Lease McCord Well No. 6-ELocation of Well: Unit P Sec. 9 Twp. 30 N Rge. 13 W County San JuanName 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>Hallip</u>	<u>Oil</u>	<u>Flowing</u>	<u>Casing</u>
Lower Completion	<u>Sakota</u>	<u>Gas</u>	<u>Flowing</u>	<u>Tubing</u>

PRE-FLOW SHUT-IN PRESSURE DATA

Upper Compl	Hour, date Shut-in	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)
	<u>unknown</u>	<u>unknown</u>	<u>1320</u>	<u>No</u>
Lower Compl	Hour, date Shut-in	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)
	<u>9:30 A.M. 4/9/86</u>	<u>3 days</u>	<u>454</u>	<u>No</u>

FLOW TEST NO. 1

Commenced at (hour, date)* 4/12/86 9:30 A.M. Zone producing (Upper or Lower): Lower

Time (hour, date)	Lapsed time since*	Pressure		Prod. Zone Temp.	Remarks
		Upper Compl.	Lower Compl.		
<u>9:30 A.M. 4/10/86</u>	<u>1 day</u>	<u>1315</u>	<u>427</u>		
<u>9:30 A.M. 4/11/86</u>	<u>2 days</u>	<u>1319</u>	<u>439</u>		
<u>9:30 A.M. 4/12/86</u>	<u>3 days</u>	<u>1320</u>	<u>454</u>		
<u>9:30 A.M. 4/13/86</u>	<u>4 days</u>	<u>1320</u>	<u>291</u>	<u>64°</u>	
<u>9:30 A.M. 4/14/86</u>	<u>5 days</u>	<u>1320</u>	<u>286</u>	<u>64°</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 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 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.

Approved: MAY - 8 1986 19 _____
Oil Conservation Division
Original Signed by CHARLES GHOLSON

By _____

Title DEPUTY OIL & GAS INSPECTOR, DIST. #3Operator Union Texas Petroleum CorporationBy Barbara NormanTitle Production TechnicianDate 5/5/86