

Operator <b>El Paso Natural Gas Company</b>			Well Name and Number <b>Randlemon #1A</b>		
Location of Well <b>Unit E Sec. 26 Twp. 31 Rge. 11</b>		TYPE OF TEST →	Annual - (Give Year)	Initial - (Give Date)	<input type="checkbox"/> NEW <input checked="" type="checkbox"/> OWWO
UPPER COMPLETION	Reservoir or Pool <b>PC</b>	<input checked="" type="checkbox"/> GAS <input type="checkbox"/> OIL	<input checked="" type="checkbox"/> FLOWING <input type="checkbox"/> ARTIFICIAL LIFT	Production String <input type="checkbox"/> CASING <input checked="" type="checkbox"/> TUBING	
LOWER COMPLETION	Reservoir or Pool <b>MV</b>	<input checked="" type="checkbox"/> GAS <input type="checkbox"/> OIL	<input checked="" type="checkbox"/> FLOWING <input type="checkbox"/> ARTIFICIAL LIFT	Production String <input type="checkbox"/> CASING <input checked="" type="checkbox"/> TUBING	

**SHUT-IN PRESSURE DATA BEFORE FLOW TEST NO. 1**

UPPER COMPLETION	Date Well Shut-In <b>5-16-86</b>	No. Days Shut-In <b>7</b>	Shut-In Pressure - Psig <b>648</b> CASING	<b>648</b> TUBING	Stabilized Pressure <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
LOWER COMPLETION	Date Well Shut-In <b>5-16-86</b>	No. Days Shut-In <b>7</b>	Shut-In Pressure - Psig <b>571</b> CASING	<b>571</b> TUBING	Stabilized Pressure <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

<b>FLOW TEST NO. 1</b>			Zone Producing <input checked="" type="checkbox"/> UPPER <input type="checkbox"/> LOWER	Date Flow Started <b>5-23-86</b>
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LAPSED TIME SINCE FLOW BEGAN	SHUT-IN ZONE PRESSURES - PSIG		PRODUCING ZONE PRESSURES - PSIG		FLOWING TEMP. °F	REMARKS:
	CASING	TUBING	FLOWING	WORKING		
15 Mins.		570	308	318	58	
30 Mins.		570	249	249	58	
45 Mins.		570	201	207	58	
1 Hr.		570	177	177	60	
2 Hrs.		570	147	149	60	
3 Hrs.		570	130	130	60	

GAS	1685	MCFD	METER <input type="checkbox"/>	CHOKE <input checked="" type="checkbox"/>	OIL	RATE - BBL./D	GRAVITY °API
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REMARKS:

**SHUT-IN PRESSURE DATA BEFORE FLOW TEST NO. 2**

UPPER COMPLETION	Date Well Shut-In <b>5-16-86</b>	No. Days Shut-In <b>14</b>	Shut-In Pressure - Psig <b>638</b> CASING	<b>638</b> TUBING	Stabilized Pressure <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
LOWER COMPLETION	Date Well Shut-In <b>5-23-86</b>	No. Days Shut-In <b>7</b>	Shut-In Pressure - Psig <b>571</b> CASING	<b>571</b> TUBING	Stabilized Pressure <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

<b>FLOW TEST NO. 2</b>			Zone Producing <input type="checkbox"/> UPPER <input checked="" type="checkbox"/> LOWER	Date Flow Started <b>5-30-86</b>
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LAPSED TIME SINCE FLOW BEGAN	PRODUCING ZONE PRESSURES - PSIG		SHUT-IN ZONE PRESSURES - PSIG		FLOWING TEMP. °F	REMARKS:
	FLOWING	WORKING	CASING	TUBING		
15 Mins.	243		638	638	61	
30 Mins.	234		638	638	64	
45 Mins.	229		638	638	65	
1 Hr.	224		638	638	66	
2 Hrs.	119		638	638	68	
3 Hrs.	115		638	638	69	

**RECEIVED**  
JUN 19 1986  
OIL CON. DIV.  
DIST. 3

GAS	1493	MCFD	METER <input type="checkbox"/>	CHOKE <input checked="" type="checkbox"/>	OIL	RATE - BBL./D	GRAVITY °API
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REMARKS:

The results of this test indicate (No Packer Leakage) (Packer Leakage) in this well.

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

APPROVED _____, 19 _____ NEW MEXICO OIL CONSERVATION COMMISSION Original Signed by <b>CHARLES GHOLSON</b>	OPERATOR _____ BY <b>Scott H. Lindsay</b> TITLE <b>Production Engineer</b> DATE <b>6-10-86</b>
BY _____ DEPUTY OIL & GAS _____	