

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

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator Union Texas Petroleum Corp. Lease USA Well No. 1
Location
of Well: Unit P Sec. 24 Twp. 32 N Rge. 13 W 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>Mesavie</u>	<u>Gas</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>3/5/86</u>	<u>6 weeks</u>	<u>676</u>	<u>No</u>
Lower Compl.	Hour, date Shut-in	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)
	<u>3/20/86</u>	<u>3 weeks</u>	<u>853</u>	<u>No</u>

FLOW TEST NO. 1

Commenced at (hour, date)* <u>4/18/86 8:00 A.M.</u>				Zone producing (Upper or Lower): <u>Upper</u>	
Time (hour, date)	Lapsed time since*	Pressure		Prod. Zone Temp.	Remarks
		Upper Compl.	Lower Compl.		
<u>8:00 A.M.</u>					
<u>4/16/86</u>	<u>1 day</u>	<u>672</u>	<u>847</u>		
<u>8:00 A.M.</u>					
<u>4/17/86</u>	<u>2 days</u>	<u>674</u>	<u>850</u>		
<u>8:00 A.M.</u>					
<u>4/18/86</u>	<u>3 days</u>	<u>676</u>	<u>853</u>		
<u>8:00 A.M.</u>					
<u>4/19/86</u>	<u>4 days</u>	<u>582</u>	<u>857</u>	<u>47°</u>	
<u>8:00 A.M.</u>					
<u>4/20/86</u>	<u>5 days</u>	<u>487</u>	<u>860</u>	<u>47°</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.

MAY - 8 1986

Approved: _____ 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 5/6/86