

THIS FORM IS TO BE
FILLED OUT FOR ALL
PACKER-LEAKAGE TESTS
IN SOUTHWEST NEW MEXICO

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator Union Texas Petroleum Corp. Lease Culpepper Martin Well No. 5
Location of Well: Unit F Sec. 31 Twp. 32N Rge. 12W County San Juan
Type of Prod. Method of Prod. Prod. Medium
(Oil or Gas) (Flow or Art. Lift) (Tbg. or Csg.)
Name of Reservoir or Pool

Upper Completion	<u>Mesa Verde</u>	<u>Gas</u>	<u>Flowing</u>	<u>Tubing</u>
Lower Completion	<u>Santa</u>	<u>Gas</u>	<u>Flowing</u>	<u>Tubing</u>

PRE-FLOW SHUT-IN PRESSURE DATA

Upper	Hour, date	8:30 A.M.	Length of	SI press.	Stabilized?
Compl.	Shut-in	<u>11/24/86</u>	time shut-in	<u>660</u>	(Yes or No) <u>No</u>
			<u>3 days</u>		
Lower	Hour, date	8:30 A.M.	Length of	SI press.	Stabilized?
Compl.	Shut-in	<u>11/24/86</u>	time shut-in	<u>721</u>	(Yes or No) <u>No</u>
			<u>3 days</u>		

FLOW TEST NO. 1

Commenced at (hour, date)* 11/27/86 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.		
8:30 A.M. <u>11/25/86</u>	<u>1 day</u>	<u>657</u>	<u>705</u>		
8:30 A.M. <u>11/26/86</u>	<u>2 days</u>	<u>658</u>	<u>728</u>		
8:30 A.M. <u>11/27/86</u>	<u>3 days</u>	<u>660</u>	<u>731</u>		
8:30 A.M. <u>11/28/86</u>	<u>4 days</u>	<u>664</u>	<u>372</u>	<u>61°</u>	
8:30 A.M. <u>11/29/86</u>	<u>5 days</u>	<u>668</u>	<u>385</u>	<u>61°</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	Hour, date	Length of	SI press.	Stabilized?
Compl.	Shut-in	time shut-in	psig	(Yes or No)
Lower	Hour, date	Length of	SI press.	Stabilized?
Compl.	Shut-in	time shut-in	psig	(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: 1986
Oil Conservation Division
Original Signed by CHARLES GHOLSON
Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

Operator Union Texas Petroleum Corporation
By Barbara Norman
Title Production Technician
Date 12/3/86