Submit 3 Copies to Appropriate Dist. Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Revised 1-1-89

INSTRUCTIONS ON REVERSE SIDE

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

30-015-22650

Operator	Chesapeake Operating Inc.	Lease	Teledyne 18	Well No.	1
Location of Well	Unit 5	Sec. 18	Twp 23	Rge 29	County EDDY

	Name of Reservoir or Pool	Type of Prod. (Oil or Gas)	Method of Prod. Flow, Art Lift	Prod. Medium (Tbg. or Csg)	Choke Size
Upper Compl	ATOKA	GAS	Flow	Csg	
Lower Compl	MORROW	GAS	Art Flow	Tbg	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:15am / 11-1-04

Well opened at (hour, date): 8:45am / 11-2-04

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	240	760
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	420	760
Minimum pressure during test	240	50
Pressure at conclusion of test	420	50
Pressure change during test (Maximum minus Minimum)	180	710
Was pressure change an increase or a decrease?	INCREASE	DECREASE

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Well closed at (hour, date): 9:30am / 11-3-04 Total Time On Production 25 HRS

Oil Production During Test: _____ bbls; Grav. _____ Gas Production During Test _____ MCF; GOR _____

Remarks: No Indication of Packer leak

FLOW TEST NO. 2

Well opened at (hour, date): 9:00am / 11-4-04

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	550	770
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	550	800
Minimum pressure during test	10	770
Pressure at conclusion of test	10	800
Pressure change during test (Maximum minus Minimum)	540	30
Was pressure change an increase or a decrease?	Decrease	Increase

Well closed at (hour, date) 9:30am / 11-5-04 Total time on Production 24½ Hrs

Oil production During Test: _____ bbls; Grav. _____; Gas Production During Test _____ MCF; GOR _____

Remarks: No INDICATION of Packer leak.

OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the information contained herein is true and completed to the best of my knowledge

Kelfic Services Inc.
Operator

Julian F. Grajarde
Signature

Julian F. Grajarde Operator
Printed Name Title

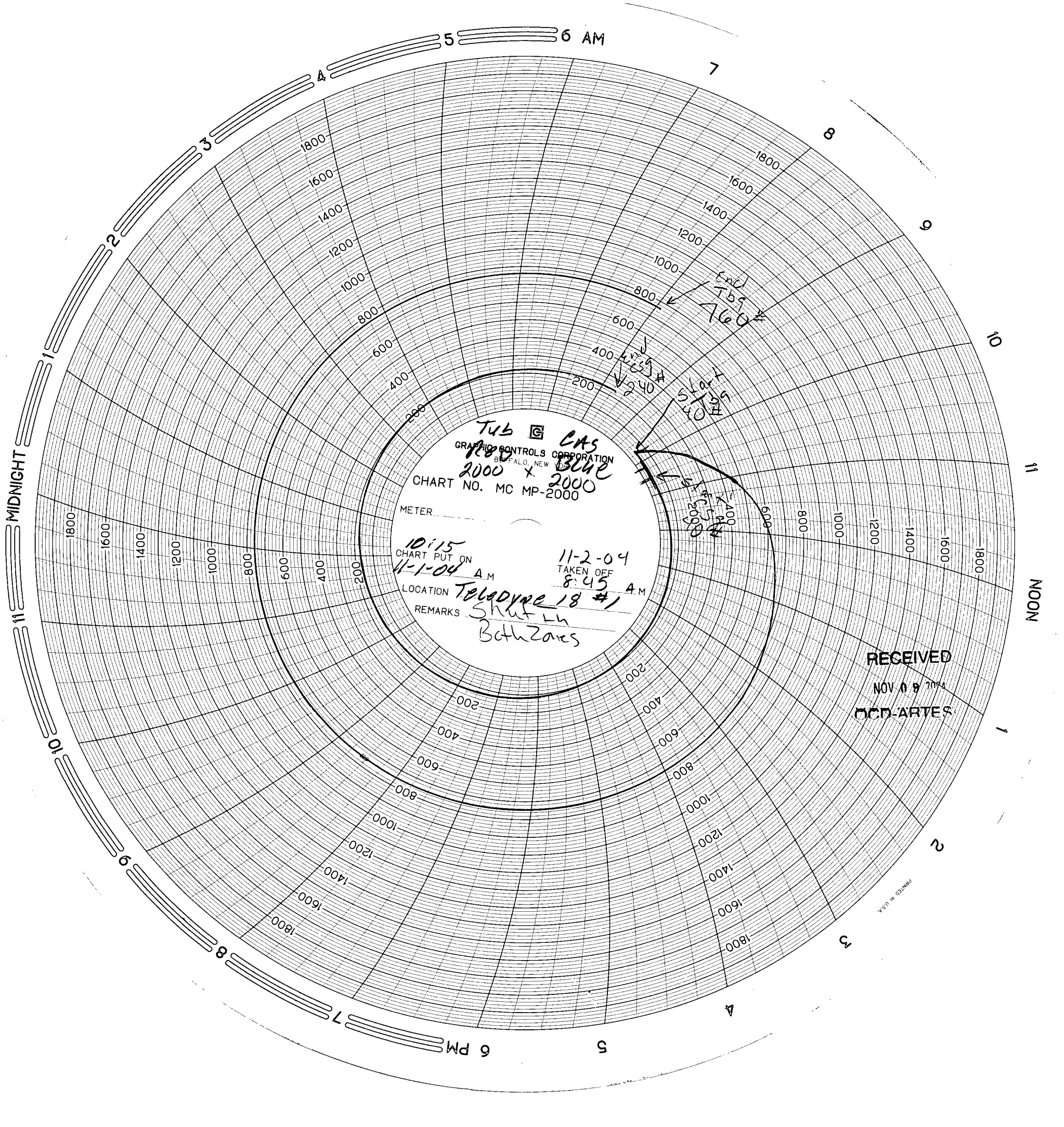
11-8-04 748-3759

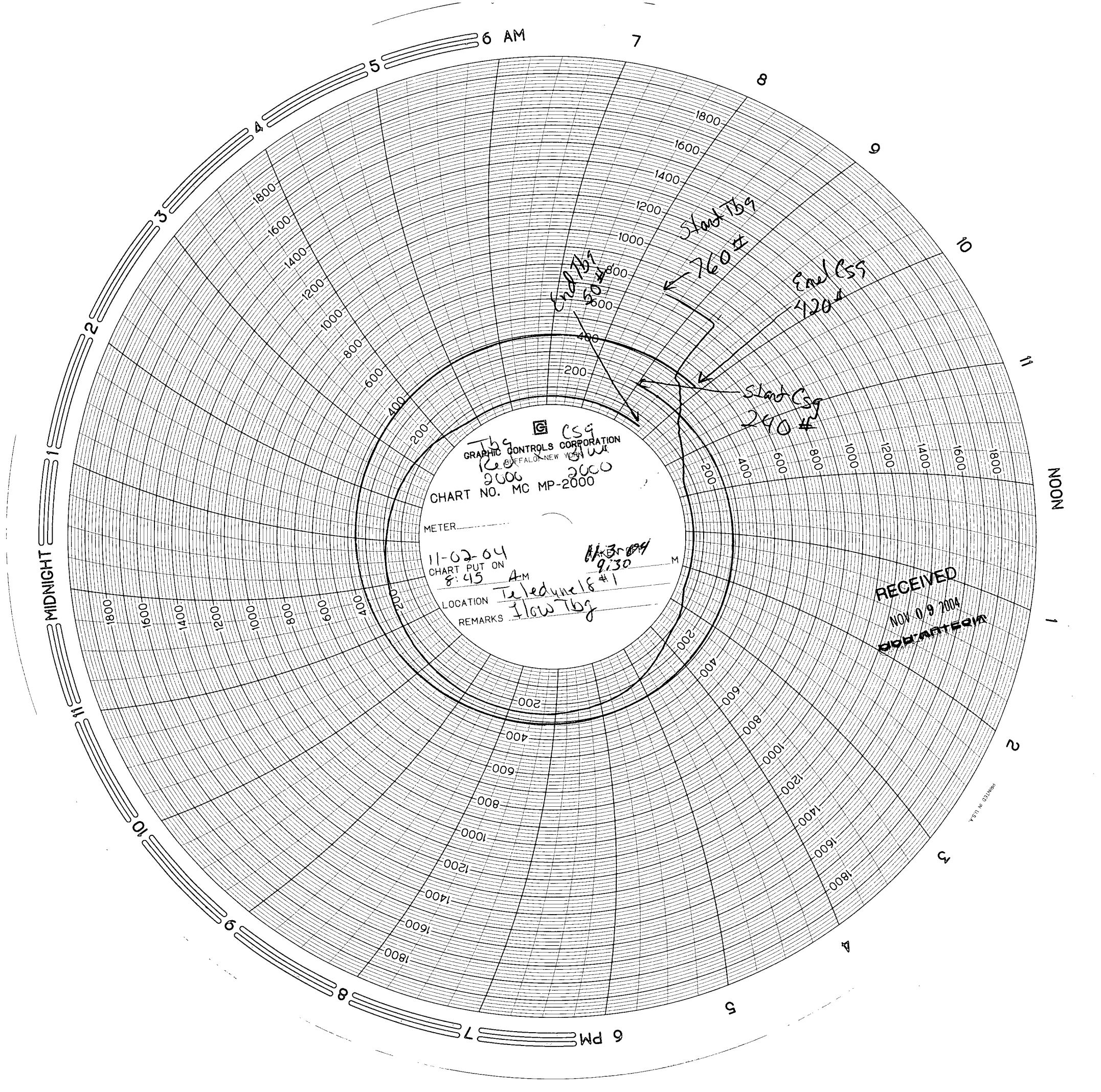
OIL CONSERVATION DIVISION

Date Approved NOV 9 2004

By _____

Title _____




6 AM
7
8
9
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NOON
1
2
3
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6 PM
7
8
9
10
11
MIDNIGHT
1800
1600
1400
1200
1000
800
600
400
200
End Tbg
760 #
Start Tbg
End Csg
420 #
Start Csg
240 #
GRAPHIC CONTROLS CORPORATION
BUFFALO NEW YORK
Tbg Csg
Rec 2000 2000
CHART NO. MC MP-2000
METER
11-02-04
CHART PUT ON
8:45 AM
LOCATION Teledyne 16 #1
REMARKS Flow Tbg
9:30 M
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DOGM/ATTN:
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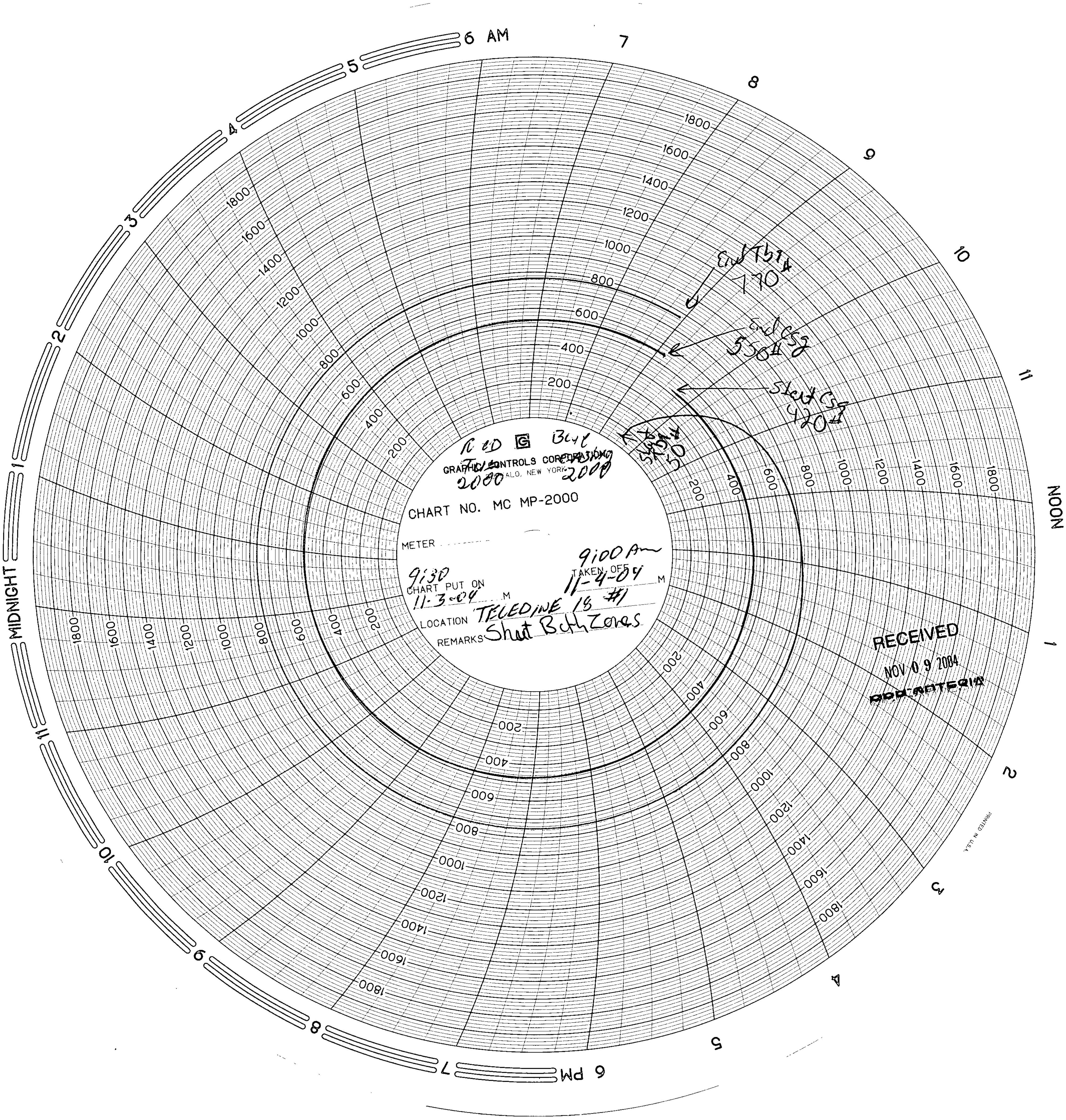
Red Tbg 2000
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
Blue Csg 2000
CHART NO. MC MP-2000
METER
CHART PUT ON 9:30 11-3-04 M
TAKEN OFF 9:00 Am 11-4-04 M
LOCATION TELEDINE 18 #1
REMARKS Shut Both Zones
End Tbg 770#
End Csg 550#
Start Csg 420#
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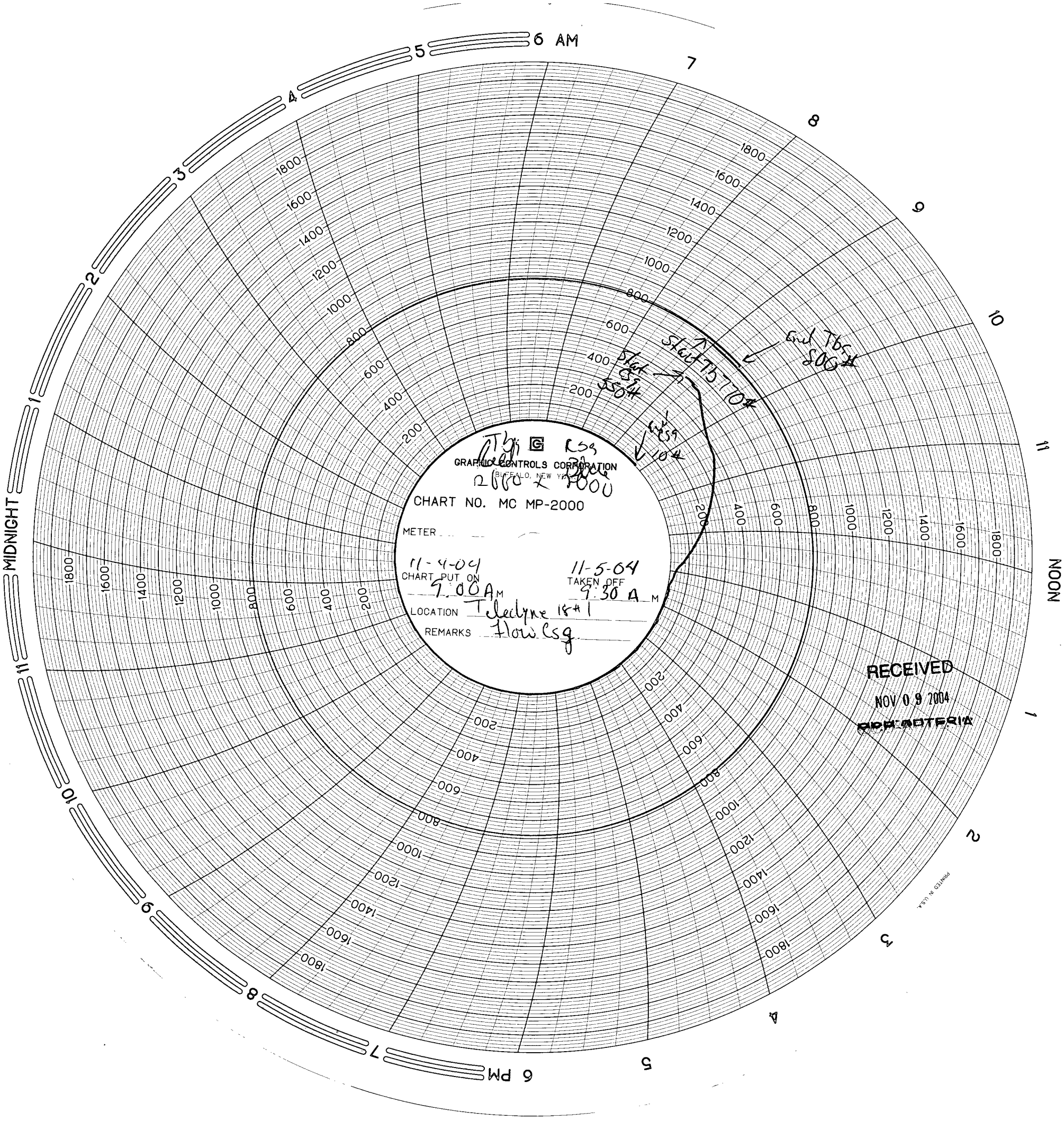
MIDNIGHT
6 AM
NOON
6 PM


6 AM
NOON
6 PM
MIDNIGHT
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
CHART NO. MC MP-2000
METER
11-4-04
CHART PUT ON
9:00 AM
11-5-04
TAKEN OFF
9:30 AM
LOCATION Teledyne 15th 1
REMARKS Flow Csg.
Start Tbg 770#
Start Csg 550#
End Tbg 505#
End Csg 104#
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