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

Operator	Three Rivers Operating	Lease	Chaves 'A'	Well No.	3
Location of Well	Unit	Sec. 21	Twp 7S	Rge 26E	County Chaves

	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	Abo	GAS	Flow	Csg	
Lower Compl	Wolfcamp	GAS	Flow	Tbg	

30-005-61506

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:45am | 9-20-11

Well opened at (hour, date): 9:45am | 9-21-11

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	20	115
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	25	115
Minimum pressure during test	20	35
Pressure at conclusion of test	25	35
Pressure change during test (Maximum minus Minimum)	5	80
Was pressure change an increase or a decrease?	Increase	Decrease

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NMOCD ARTESIA

Well closed at (hour, date): 9:50am | 9-22-11 Total Time On Production 24 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): 9:25am | 9-23-11

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	35	115
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	35	125
Minimum pressure during test	5	115
Pressure at conclusion of test	5	115
Pressure change during test (Maximum minus Minimum)	30	10
Was pressure change an increase or a decrease?	Decrease	Increase

Well closed at (hour, date) 9:40am | 9-24-11 Total time on Production 24 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

Keltic Services Inc.
Operator

Julian Guajardo
Signature

Julian Guajardo Tester
Printed Name Title

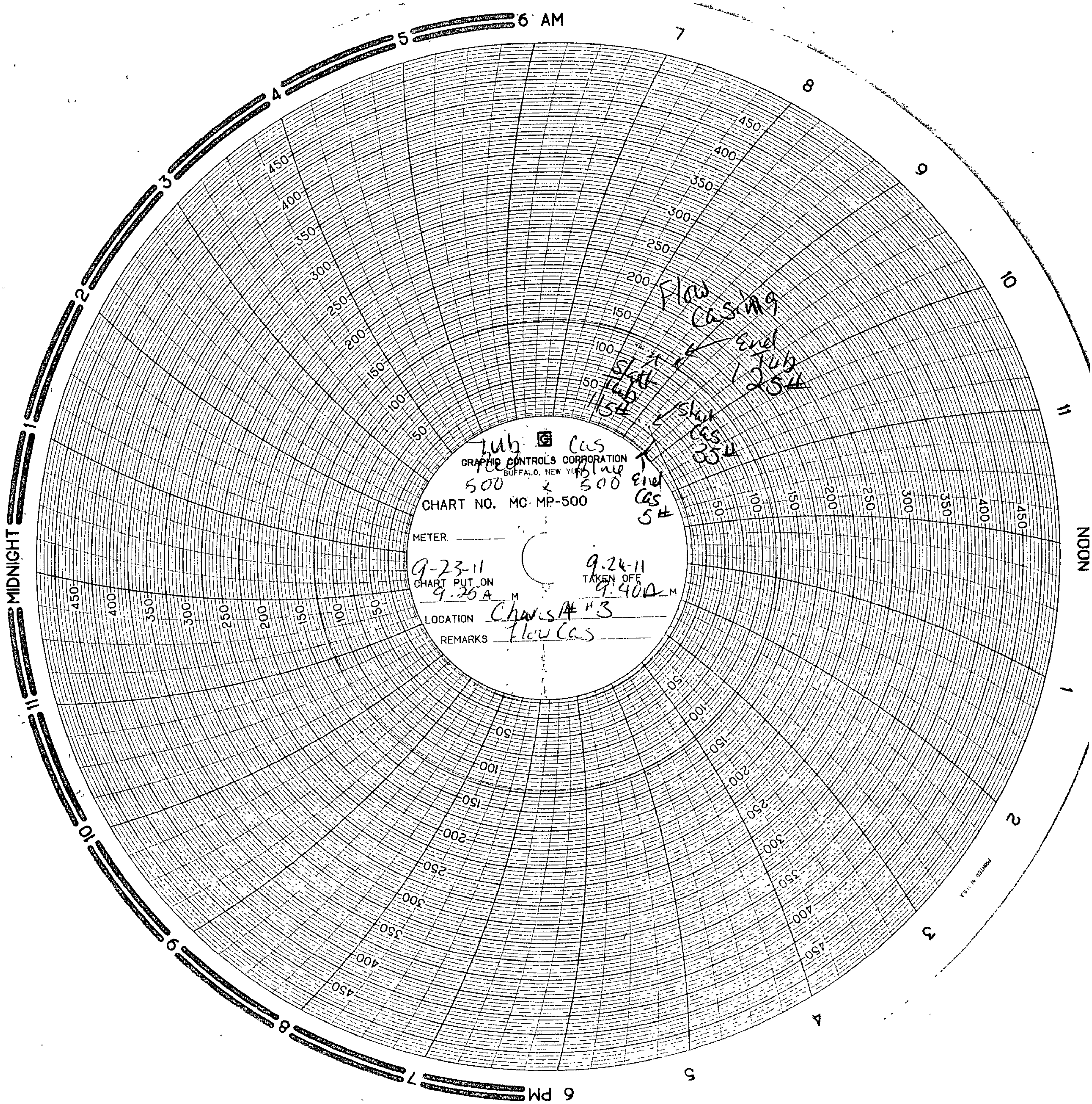
9-25-11 748-3759
Date Telephone No

OIL CONSERVATION DIVISION

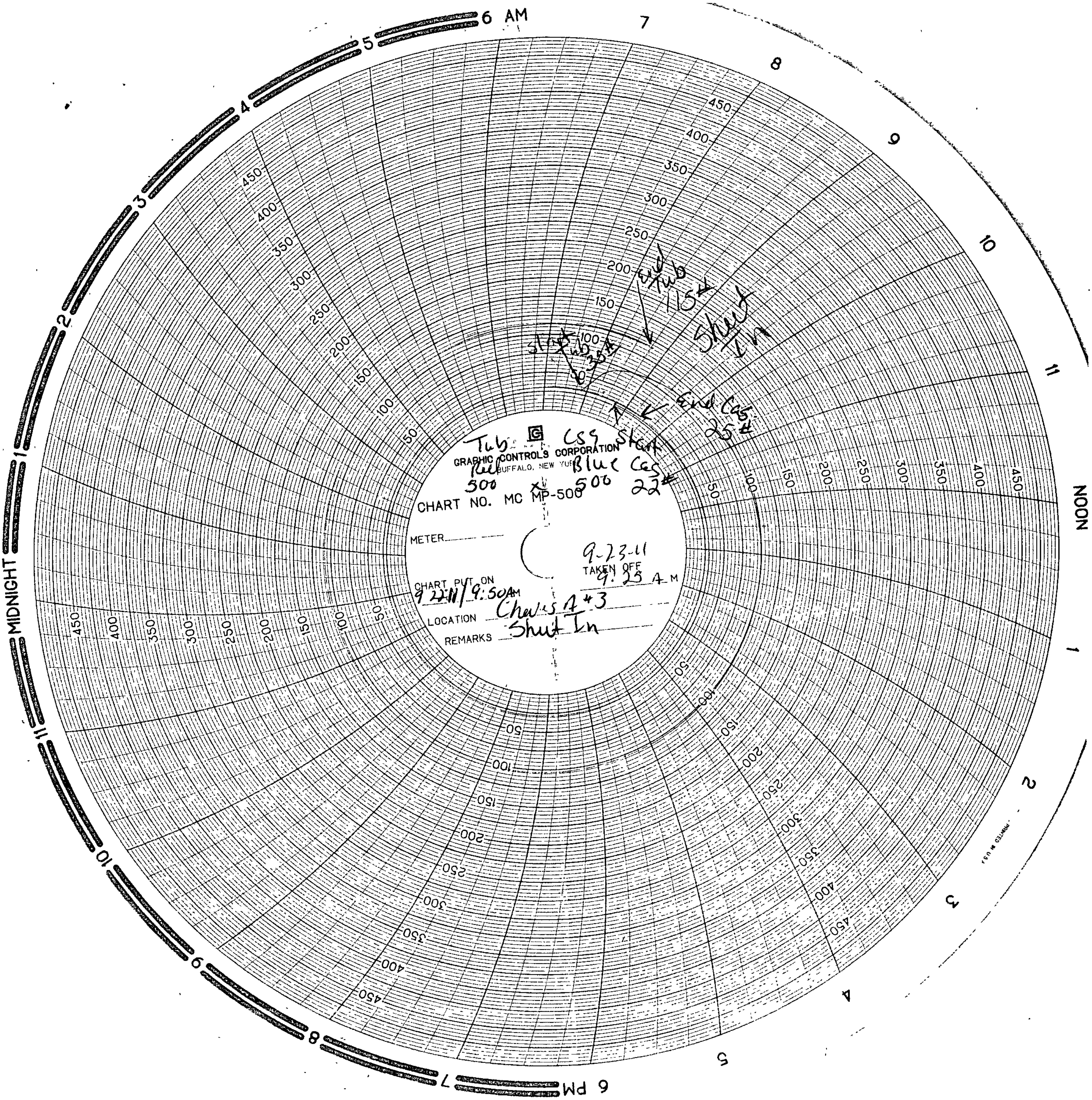
Date Approved _____

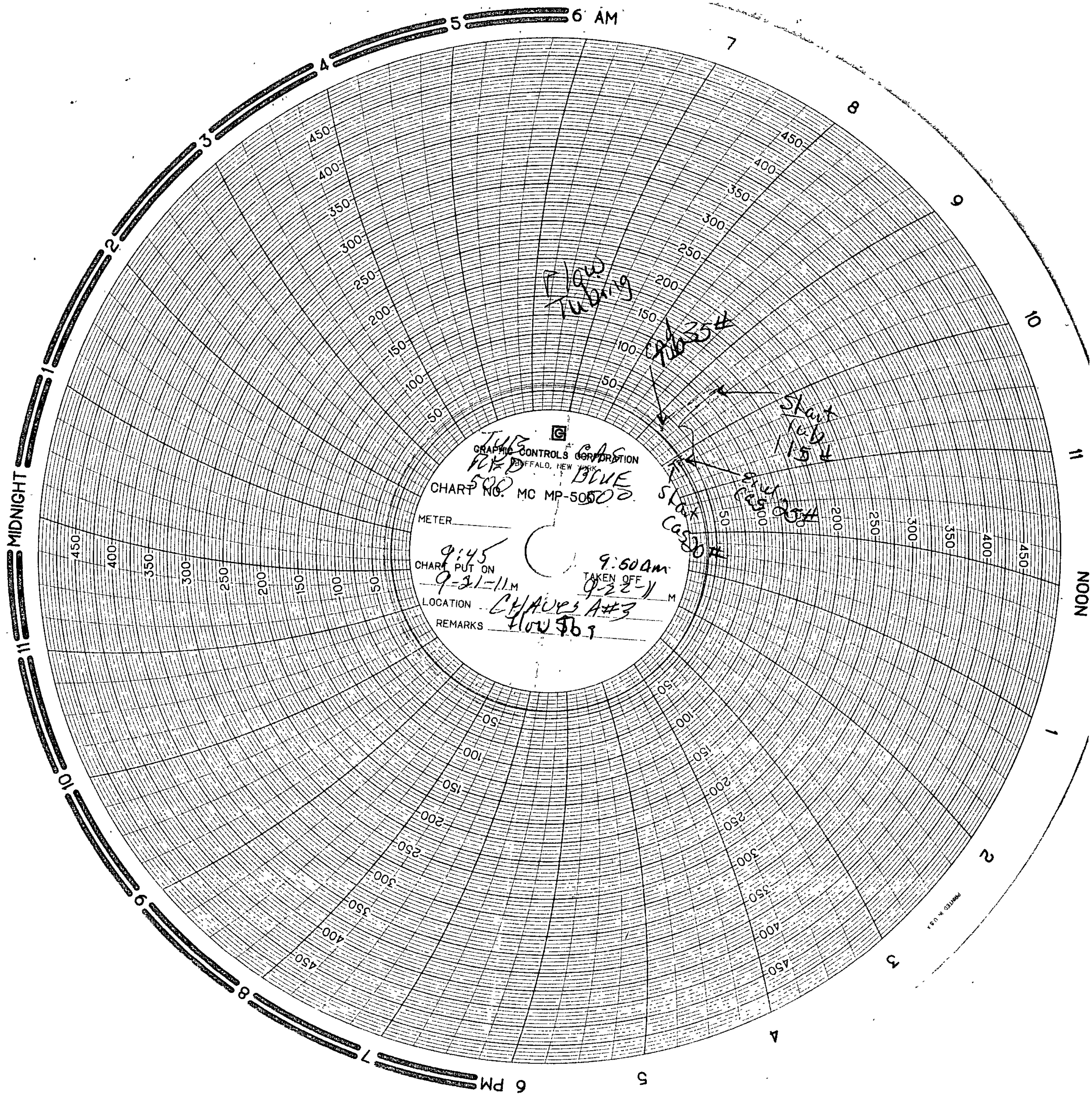
By _____

Title _____

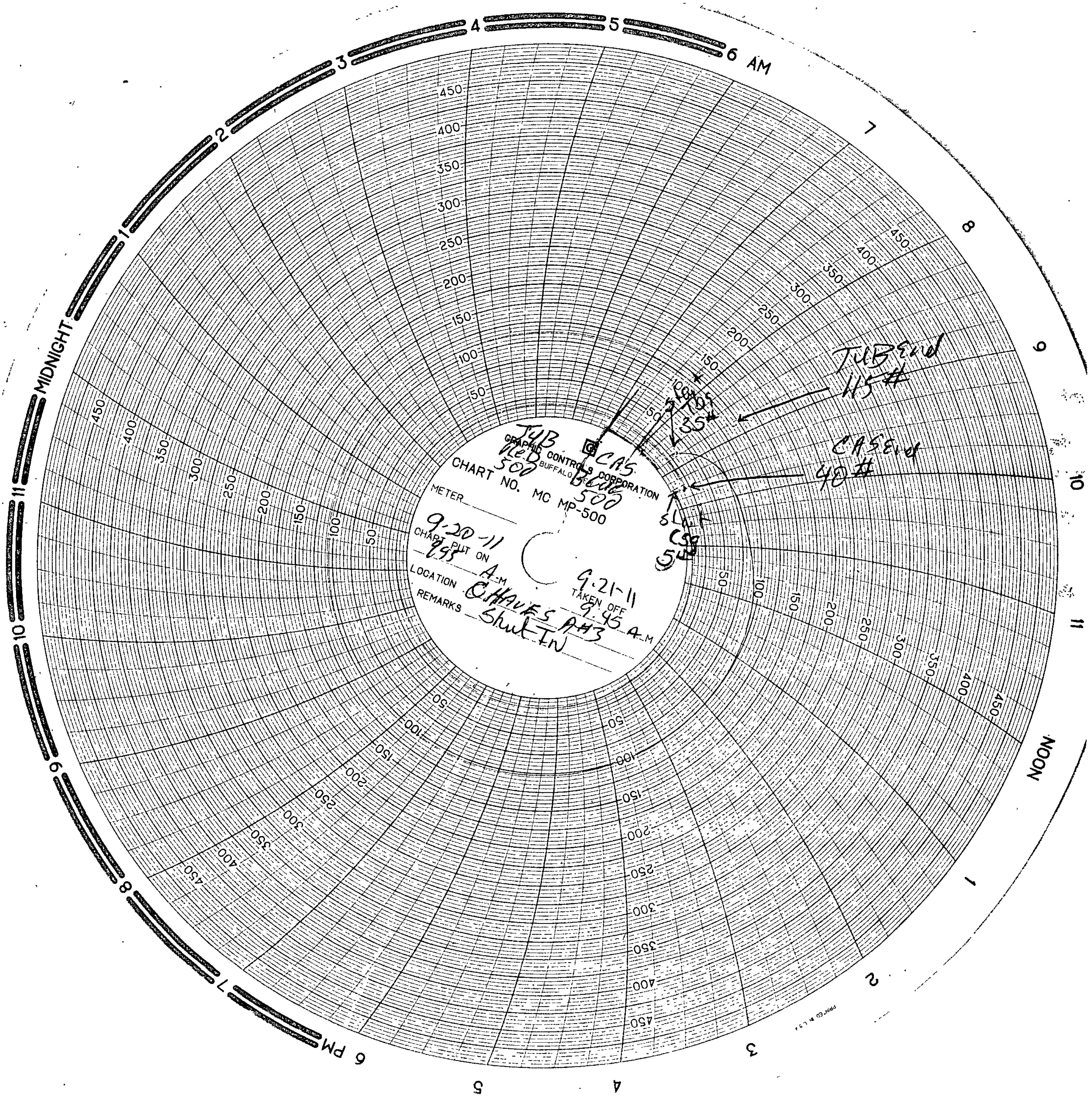


GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
CHART NO. MC MP-500
METER
CHART PUT ON
9-23-11
9:26 A M
TAKEN OFF
9-24-11
9:40 A M
LOCATION Chavis A #3
REMARKS Flow Cas
Tub 500
Cas 500
Flow Casing
End Tub 125#
Start Tub 115#
Start Cas 35#
End Cas 5#
6 AM
NOON
6 PM
MIDNIGHT


GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
CHART NO. MC MP-500
METER
CHART PUT ON
9-22-11 / 9:50 AM
TAKEN OFF
9-23-11
9:25 A M
LOCATION
Chaves 4 #3
REMARKS
Shut In
Tub
Red
500
Csg
Blue
500
Csg
Start
22#
End Csg
25#
Start
Tub
35#
End
Tub
115#
Shut In
6 AM
NOON
6 PM
MIDNIGHT



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
CHART NO. MC MP-500
METER
CHART PUT ON
9:45
9-21-11 M
TAKEN OFF
9:50 am
9-22-11 M
LOCATION
REMARKS
TUB RED 500
GAS BLUE 500
Flow Tubing
Start Tub 115#
Start Cas 30#
6 AM
NOON
6 PM
MIDNIGHT
50
100
150
200
250
300
350
400
450


GRAPHIC CONTROLS CORPORATION
BUFFALO
CHART NO. MC MP-500
METER
CHART PUT ON
9-20-11
945 A.M
TAKEN OFF
9-21-11
9.45 A.M
LOCATION CHAVES AH3
REMARKS Shut IN
TUB RED 500
CAS BLUE 500
TUBEnd 115#
CASEnd 40#
35#
CSG 5#
MIDNIGHT
6 AM
NOON
6 PM