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

30-005-61505

Operator	Chesapeake Operating		Lease	Chaves "A" Fed	Well No.	41
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	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:30 AM - 8-2-04

Well opened at (hour, date): 11:00 AM - 8-3-04

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	38	200
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	38	200
Minimum pressure during test	38	20
Pressure at conclusion of test	38	20
Pressure change during test (Maximum minus Minimum)	0	180
Was pressure change an increase or a decrease?	Stable	Decrease

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Well closed at (hour, date): 10:30 AM - 8-4-04 Total Time On Production 23½ 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): 11:45 AM - 8-6-04

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	40	220
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	40	230
Minimum pressure during test	20	220
Pressure at conclusion of test	20	230
Pressure change during test (Maximum minus Minimum)	20	10
Was pressure change an increase or a decrease?	Decrease	Increase

Well closed at (hour, date) 12:20 pm - 8-7-04 Total time on Production 25 HRS.

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

Remarks No Indication of Packer Leak.

OPERATOR CERTIFICATE OF COMPLIANCE

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

Kelly Services Inc.
Operator

Julian F Guigarde
Signature

Julian F Guigarde Tester
Printed Name Title

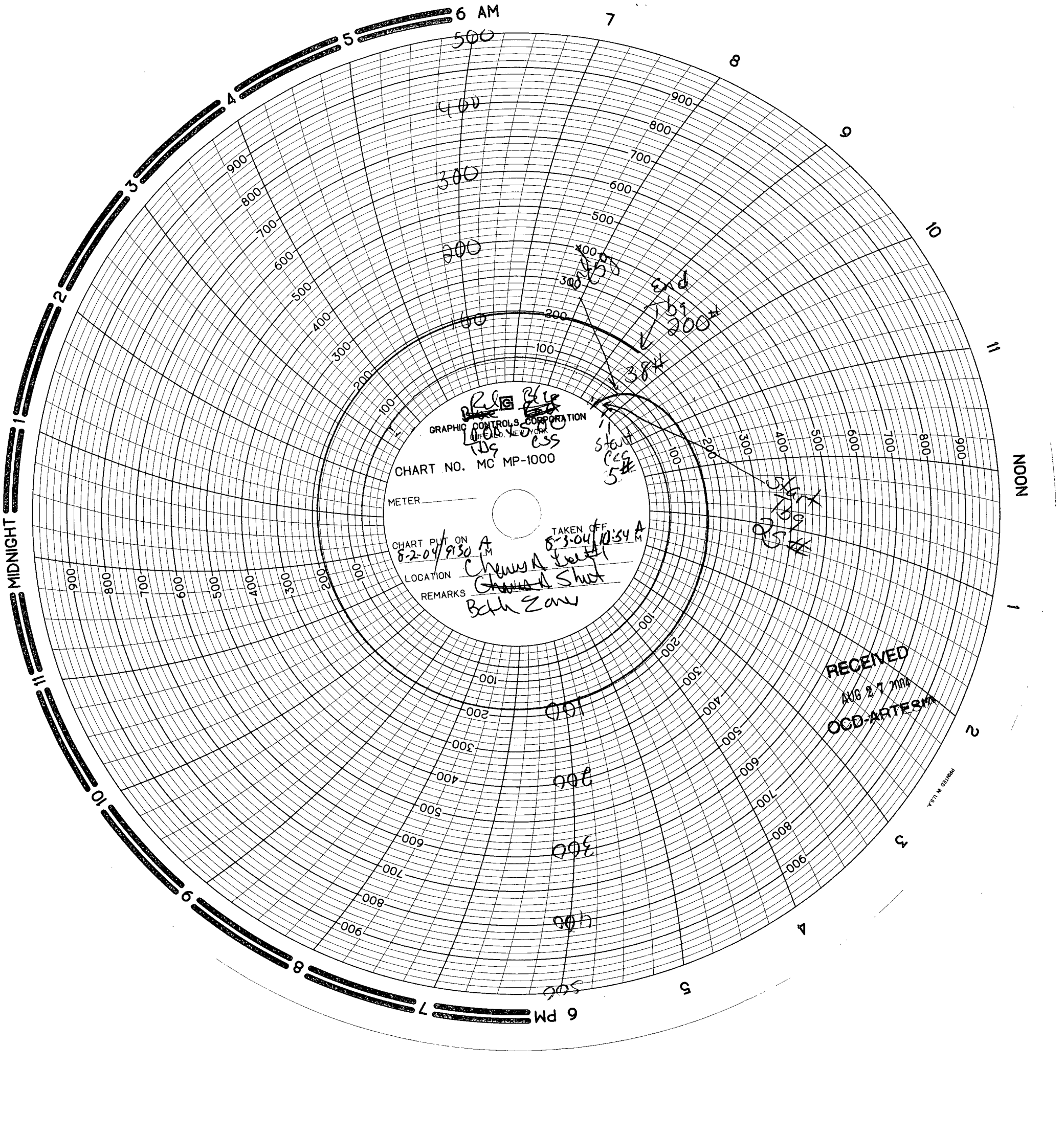
8-27-04 748-3759
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 30 2004

By _____

Title _____


6 AM
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MIDNIGHT
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
CHART NO. MC MP-1000
METER
CHART PUT ON 8-2-04 9:30 AM
TAKEN OFF 8-3-04 10:54 AM
LOCATION Chaney A Tank
REMARKS Chaney A Shut Both Sales
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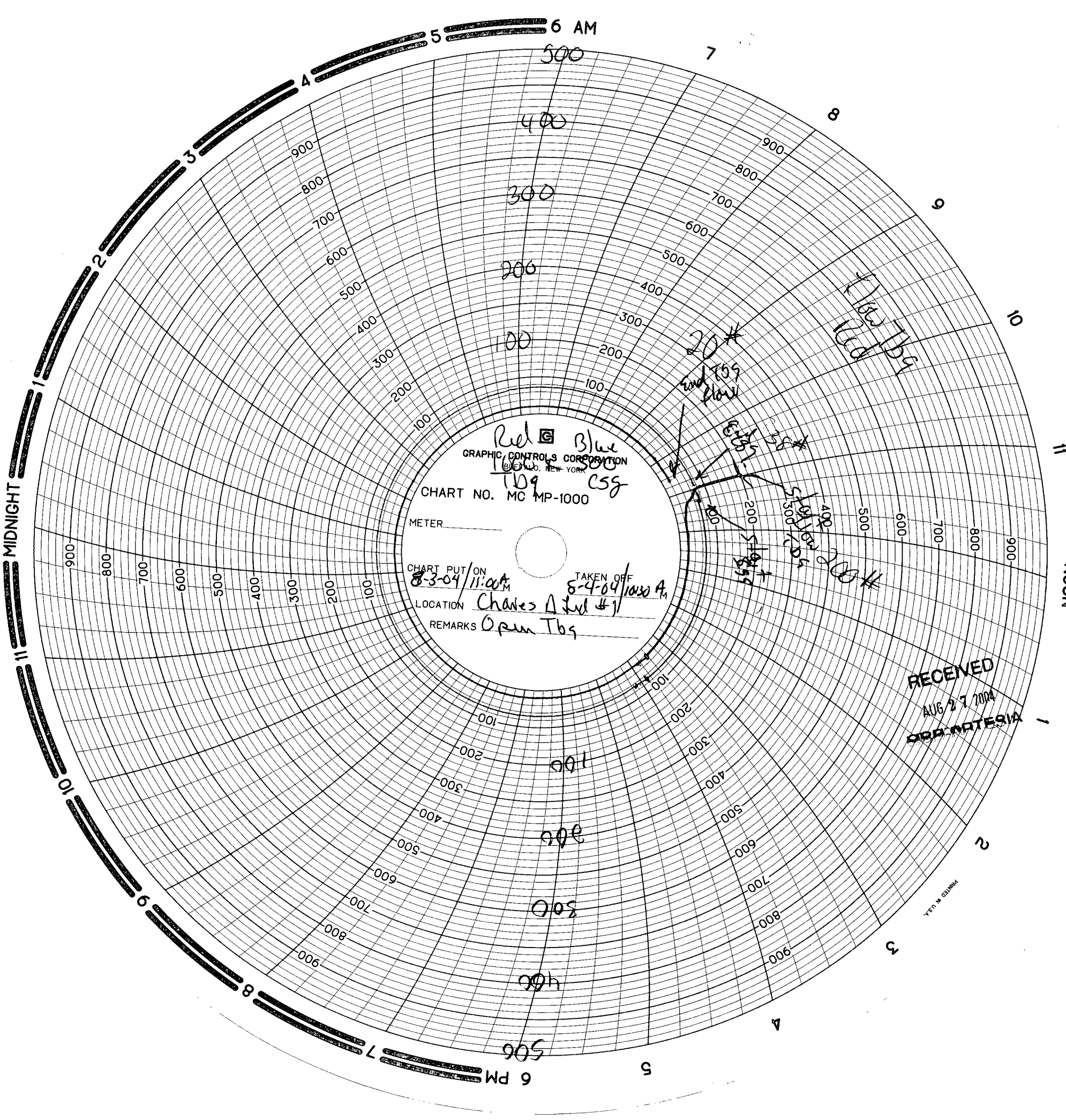
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
CHART NO. MC MP-1000
METER
CHART PUT ON 8-3-04 / 11:00 AM
TAKEN OFF 8-4-04 / 10:30 AM
LOCATION Charles A Fed #1
REMARKS Open Tbg
Red Blue
Tbg Csg
MIDNIGHT
NOON
6 AM
6 PM
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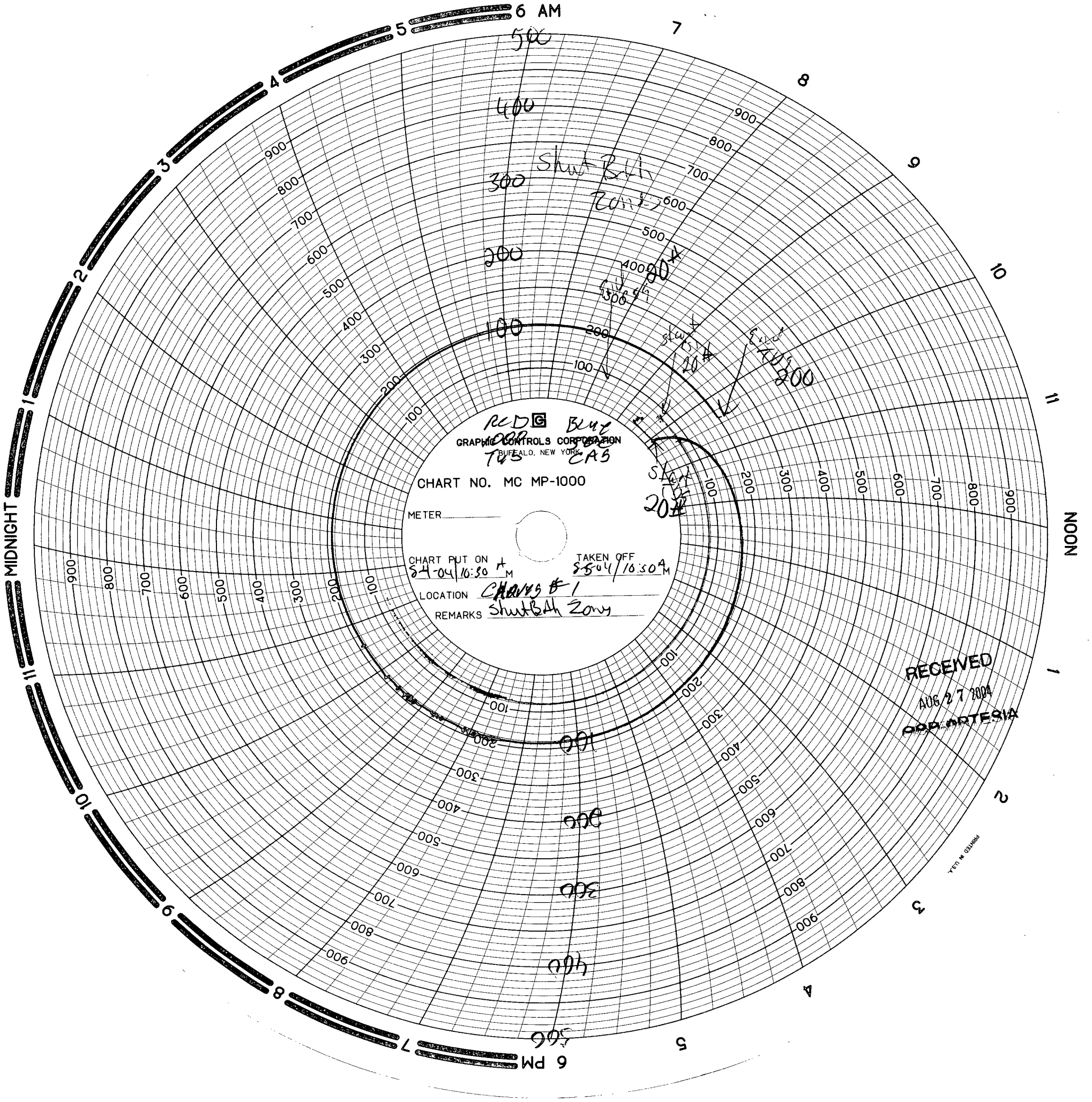
6 AM
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MIDNIGHT
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
CHART NO. MC MP-1000
METER
CHART PUT ON 8-4-04 10:30 AM
TAKEN OFF 8-5-04 10:30 AM
LOCATION Chiller #1
REMARKS Shutdown Zone
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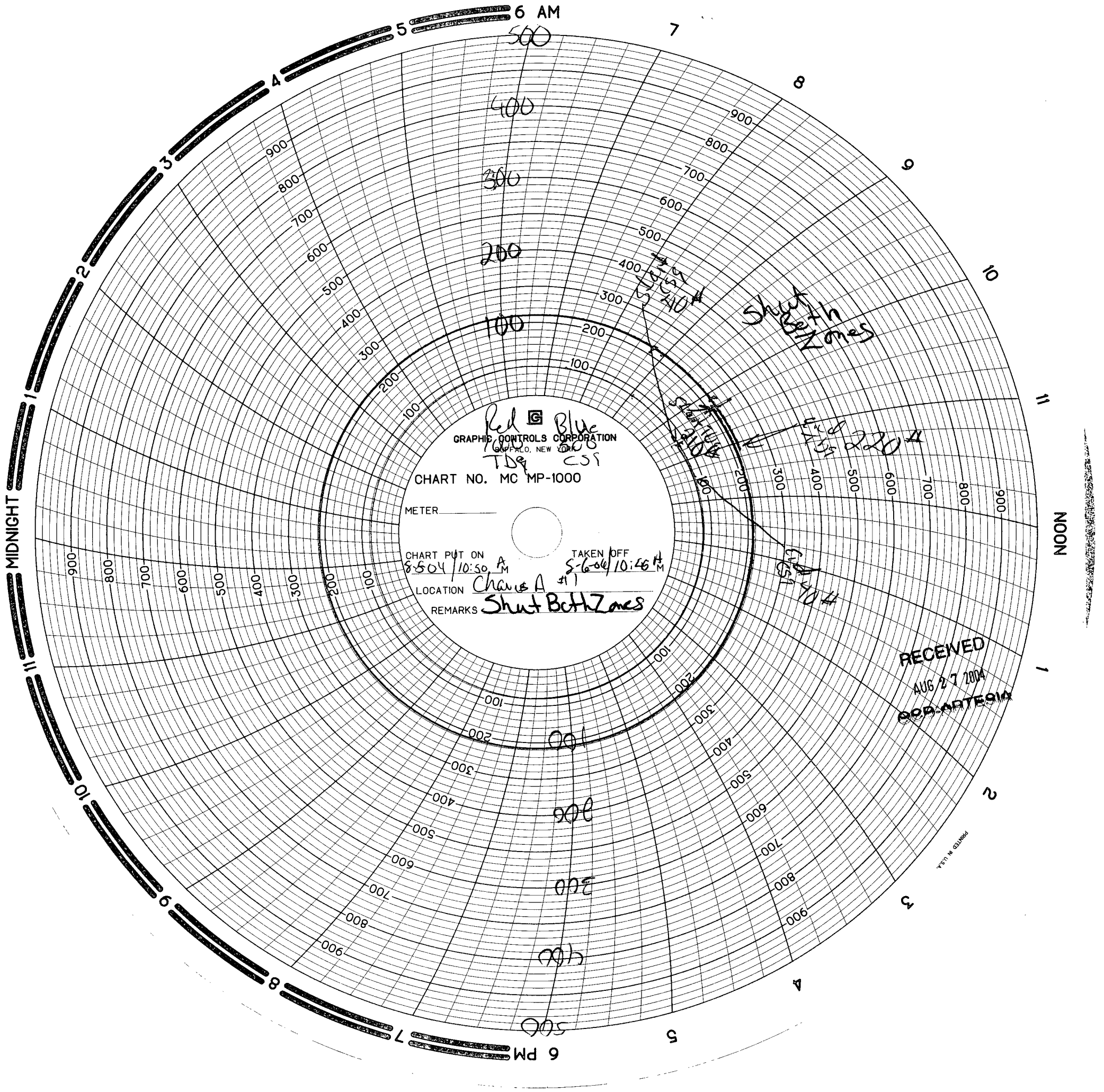
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
CHART NO. MC MP-1000
METER
CHART PUT ON 8-5-04 / 10:50 AM
TAKEN OFF 8-6-04 / 10:46 AM
LOCATION Chavis A #1
REMARKS Shut Both Zones
Red Blue
TDP C51
Shut Both Zones
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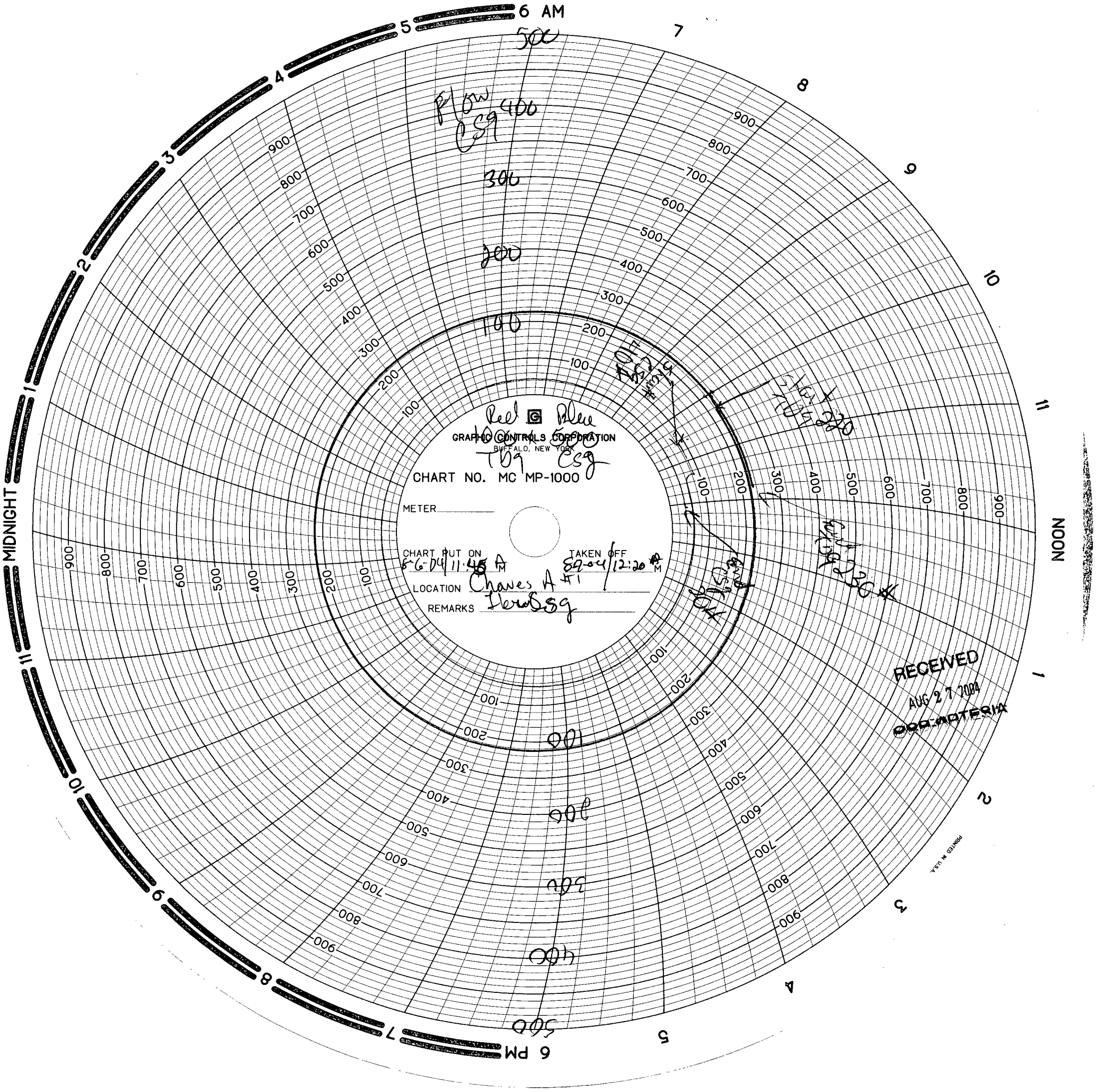
MIDNIGHT
NOON
6 AM
6 PM


6 AM
NOON
6 PM
MIDNIGHT
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
CHART NO. MC MP-1000
METER
CHART PUT ON 8-6-04 11:45 AM
TAKEN OFF 8-9-04 12:20 PM
LOCATION Chaves A #1
REMARKS Flow Sq
Flow Csg
Tbg Csg
Red G Blue
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