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.	
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.	

30-005-61505

FLOW TEST NO. 1

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

Well opened at (hour, date): 9:30Am | 9-21-11

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	35	170
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	35	170
Minimum pressure during test	35	40
Pressure at conclusion of test	35	40
Pressure change during test (Maximum minus Minimum)	0	130
Was pressure change an increase or a decrease?	Stable	Decrease

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SEP 30 2011
NMOCD ARTESIA

Well closed at (hour, date): 9:30Am | 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): 9:30Am | 9-22-11

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	35	170
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	35	180
Minimum pressure during test	30	170
Pressure at conclusion of test	30	170
Pressure change during test (Maximum minus Minimum)	5	10
Was pressure change an increase or a decrease?	Decrease	Increase

Well closed at (hour, date) 9:30Am | 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 Guyardo
Signature

Julian Guyardo Tester
Printed Name Title

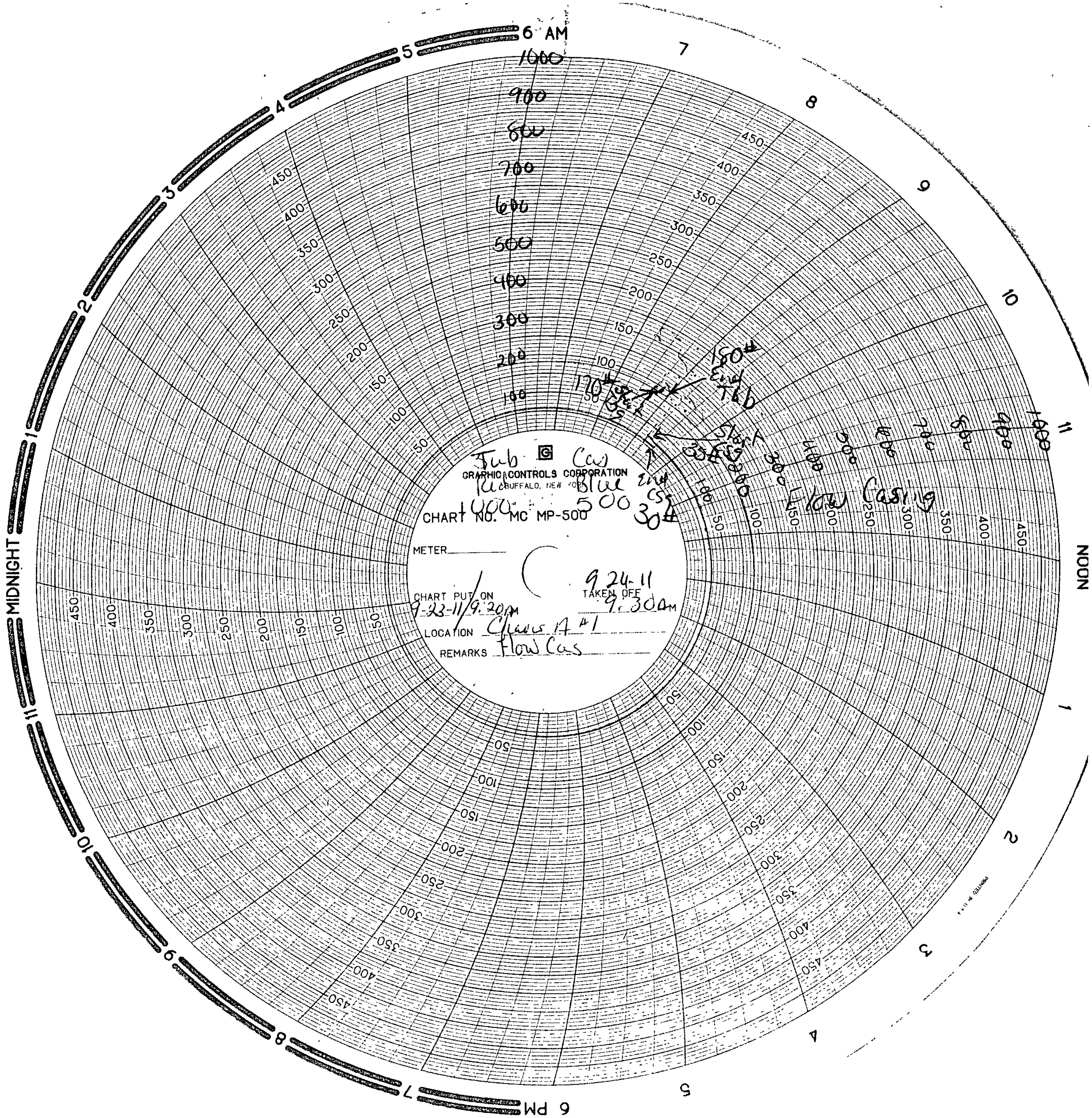
9-28-11 748-3759
Date Telephone No

OIL CONSERVATION DIVISION

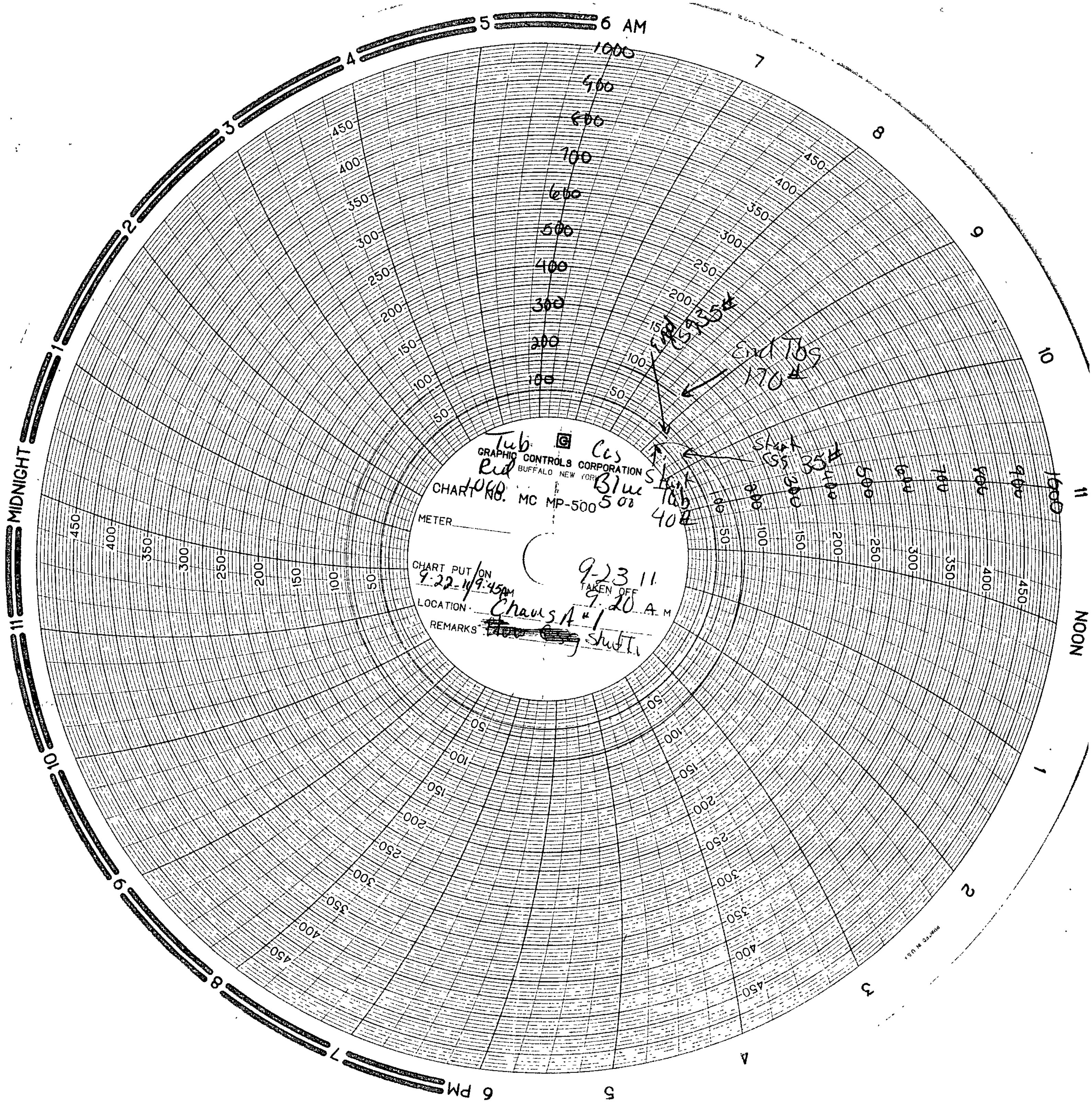
Date Approved _____

By _____

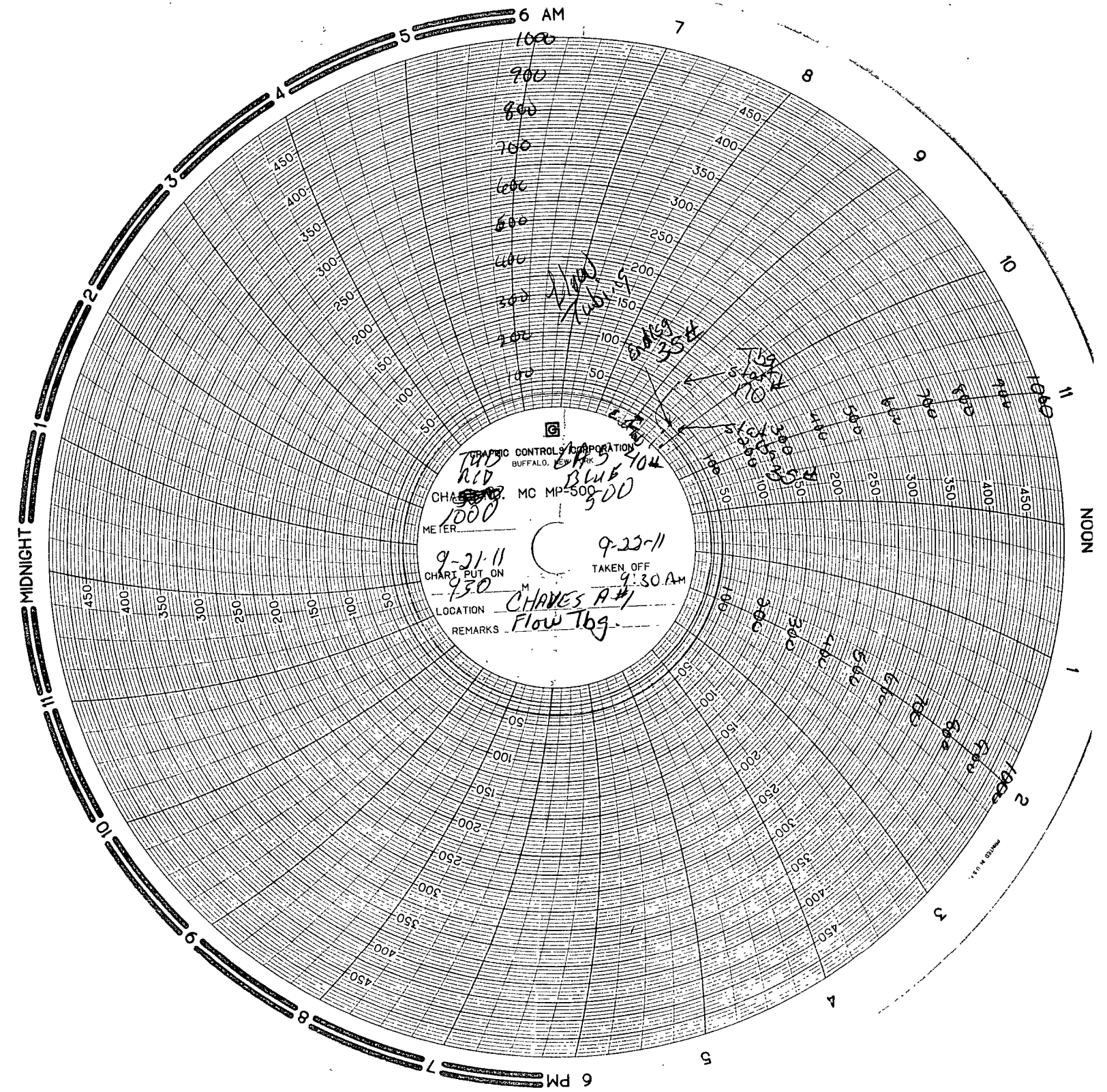
Title _____

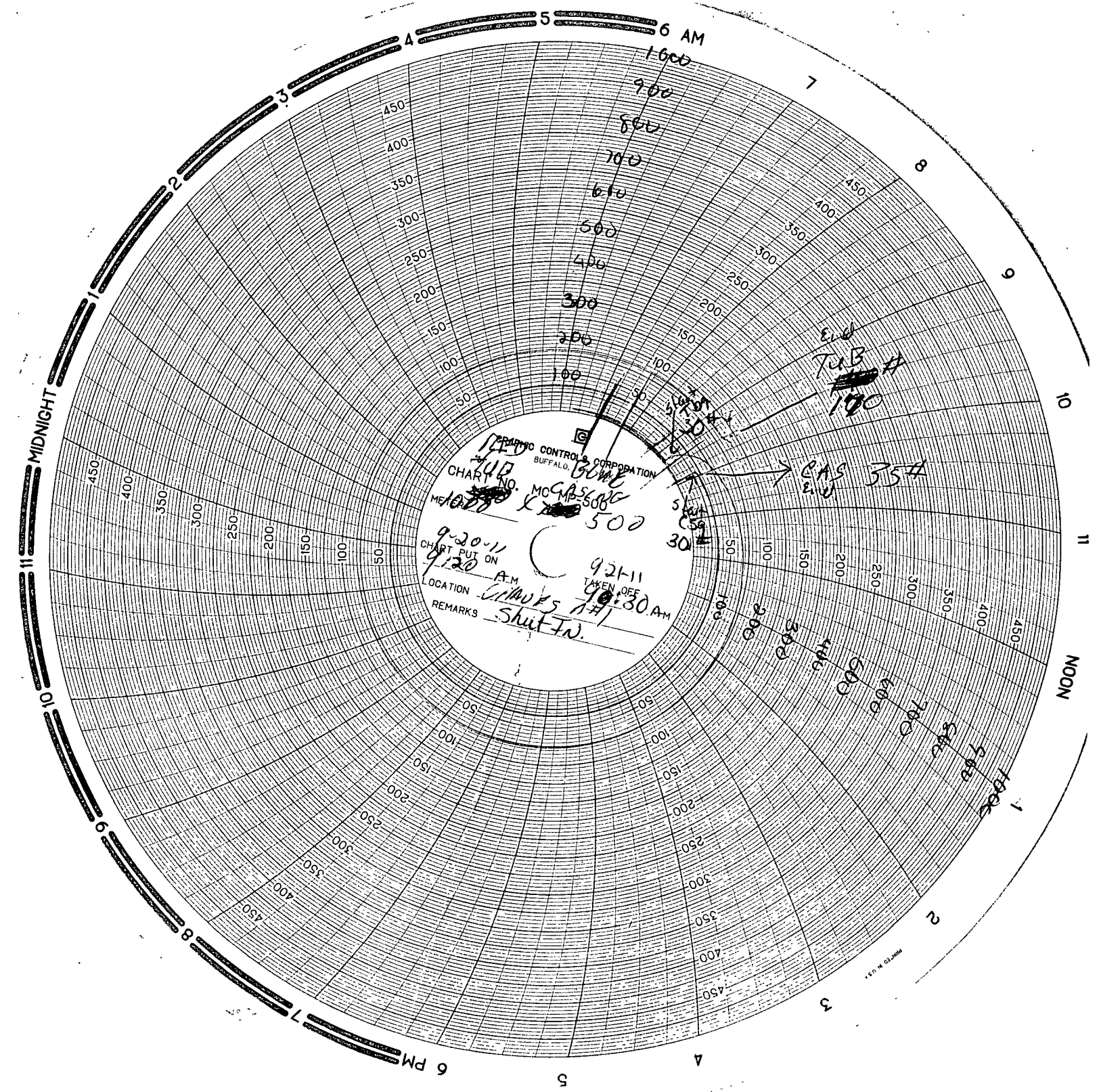


6 AM
NOON
6 PM
MIDNIGHT
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
CHART NO. MC MP-500
METER
CHART PUT ON 9-23-11/9:20pm
TAKEN OFF 9-24-11 9:30Am
LOCATION Chaves A #1
REMARKS Flow Cas
Tub Cas
Red Blue
1000 500
30#
180# End Tub
170# Start Cs
Start
End Cs
Flow Casing



GRAPHIC CONTROLS CORPORATION
BUFFALO NEW YORK
CHART NO. MC MP-500
METER
CHART PUT ON 9-22-11 9:45AM
TAKEN OFF 9-23-11 9:20 A M
LOCATION Chaus A #1
REMARKS shut in
Tub Red 1000
Csg Blue 500
Start Tub 400
End Tbg 170#
Start Csg 35#
End Csg 35#
MIDNIGHT
6 AM
NOON
6 PM


6 AM
NOON
MIDNIGHT
6 PM
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
CHART NO. MC MP-500
METER
9-21-11
CHART PUT ON
930 M
9-22-11
TAKEN OFF
9:30 AM
LOCATION CHAVES A #1
REMARKS Flow Tbg.


GRAPHIC CONTROLS CORPORATION
BUFFALO, N.Y.
CHART NO. MC GA5680C
METER
CHART PUT ON
9-20-11
9:20 A.M
LOCATION Chaves 1#1
REMARKS Shut In.
TAKEN OFF
9-21-11
9:30 A.M
MIDNIGHT
NOON
6 AM
6 PM