

30-015-22329

This form is not to be used
For reporting Packer Leakage
Test in Northwest New Mexico

**NEW MEXICO OIL CONSERVATION DIVISION
SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST**

Revised June 9, 2003

Operator Yates Petroleum Corporation Lease Siegenthaler "IS" Well No. 1
Location Of Well: Unit I Section 21 Township T17S Range R26E County Eddy

	Name of Reservoir or Pool	Type of Prod. (Oil or Gas)	Method of Prod. (Flow Art. Lift)	Prod. Medium (Tbg. Or Cag.)	Choke Size
Upper Completion	Kennedy Farms Atoka	None	None	CSG	
Lower Completion	Kennedy Farms Morrow	Gas	Compressor	TBG	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10/10/2012 10:05am

Well opened at (hour, date): 10/11/2012 9:40am

	<u>Upper Completion</u>	<u>Lower Completion</u>
Indicate by (X) the zone producing.....		XXX
Pressure at beginning of test.....	410#	362#
Stabilized? (Yes or No).....	Yes	Yes
Maximum pressure during test.....	415#	362#
Minimum pressure during test.....	384#	20#
Pressure at conclusion of test.....	384#	47#
Pressure change during test (Maximum minus Minimum).....	31#	342#
Was pressure change an increase or a decrease?.....	Decrease	Decrease

Well closed at (hour, date): 10/12/2012 9:30am Total Time On Production 23 hours 50 minutes

Oil Production _____ Gas Production _____

During Test: 0 bbls; Grav. _____; During Test 25.0 MCF; GOR _____

Remarks: Atoka zone not hooked up or produced

FLOW TEST NO. 2

Both zones shut-in at (hour, date): _____

Well opened at (hour, date): _____

	<u>Upper Completion</u>	<u>Lower Completion</u>
Indicate by (X) the zone producing.....		
Pressure at beginning of test.....		
Stabilized? (Yes or No).....		
Maximum pressure during test.....		
Minimum pressure during test.....		
Pressure at conclusion of test.....		
Pressure change during test (Maximum minus Minimum).....		
Was pressure change an increase or a decrease?.....		

Well closed at (hour, date): _____ Total Time On Production _____

Oil Production _____ Gas Production _____

During Test: _____ bbls; Grav. _____; During Test _____ MCF; GOR _____

Remarks: _____

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

Approved _____ 20_____
New Mexico Oil Conservation Division

Operator Wildcat Measurement Service, Inc.

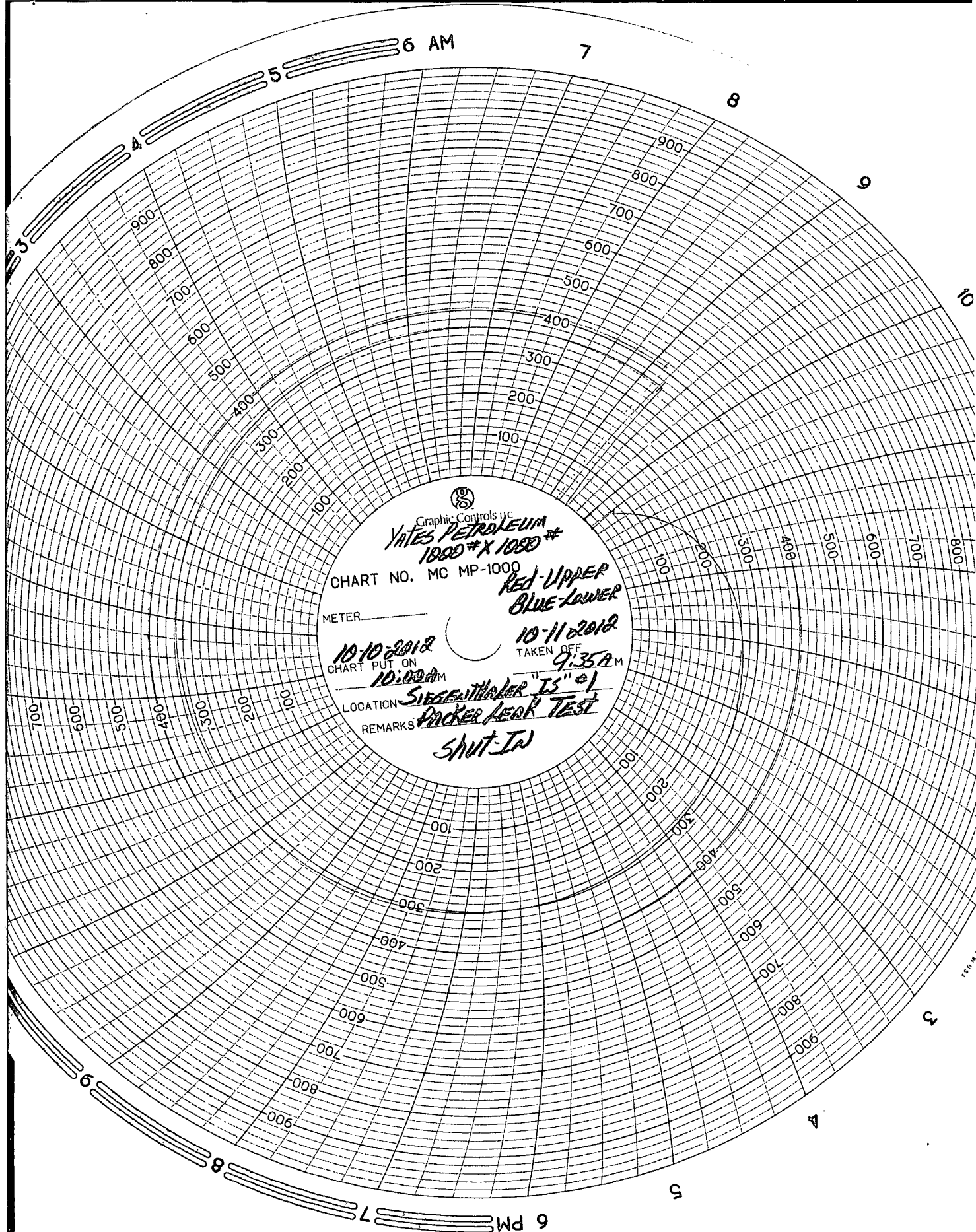
By Don Norman

Accepted for record
NMOCB RE 11/8/12

Title Don Norman/Technician

E-mail Address dnorman@wildcatms.com

Date 10/29/2012



Graphic Controls Inc.

YATES PETROLEUM
1800 # X 1000 #

CHART NO. MC MP-1000

METER _____

10-10-2012
CHART PUT ON
10:00 AM

10-11-2012
TAKEN OFF
9:35 AM

LOCATION

SIESETHALER IS #1

REMARKS

PACKER LEAK TEST
SHUT-IN

