

NEW MEXICO OIL CONSERVATION DIVISION
SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Revised June 9, 2003

Operator Devon Louisiana Corporation Lease 30-015-21996 Well Littlefield "EM" Fed No. 1
Location Of Well: Unit FRM1165 Section 20 Township T18S Range R31E 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	Atoka	None	None	CSG	
Lower Completion	Morrow	Gas	Flow	TBG	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10/17/2005 10:05am

Well opened at (hour, date): 10/18/2005 10:25am

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		XXX
Pressure at beginning of test.....	0.0#	850#
Stabilized? (Yes or No).....	Yes	Yes
Maximum pressure during test.....	0.0#	850#
Minimum pressure during test.....	0.0#	182#
Pressure at conclusion of test.....	0.0#	187#
Pressure change during test (Maximum minus Minimum).....	0.0#	668#
Was pressure change an increase or a decrease?.....	Stable	Decrease

Well closed at (hour, date): 10/19/2005 11:14am Total Time On Production 24 hours 49 minutes

Oil Production During Test: 0 bbls; Grav. _____; Gas Production During Test: 114.0 MCF; GOR _____

Remarks: Atoka zone is not hooked up or produced

FLOW TEST NO. 2

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

Well opened at (hour, date): _____

	Upper Completion	Lower Completion
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 During Test: _____ bbls; Grav. _____; Gas Production During Test: _____ MCF; GOR _____

Remarks: _____

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

Approved OCT 26 2005 _____ 20 _____
New Mexico Oil Conservation Division

By [Signature] _____
Title Field Supervisor

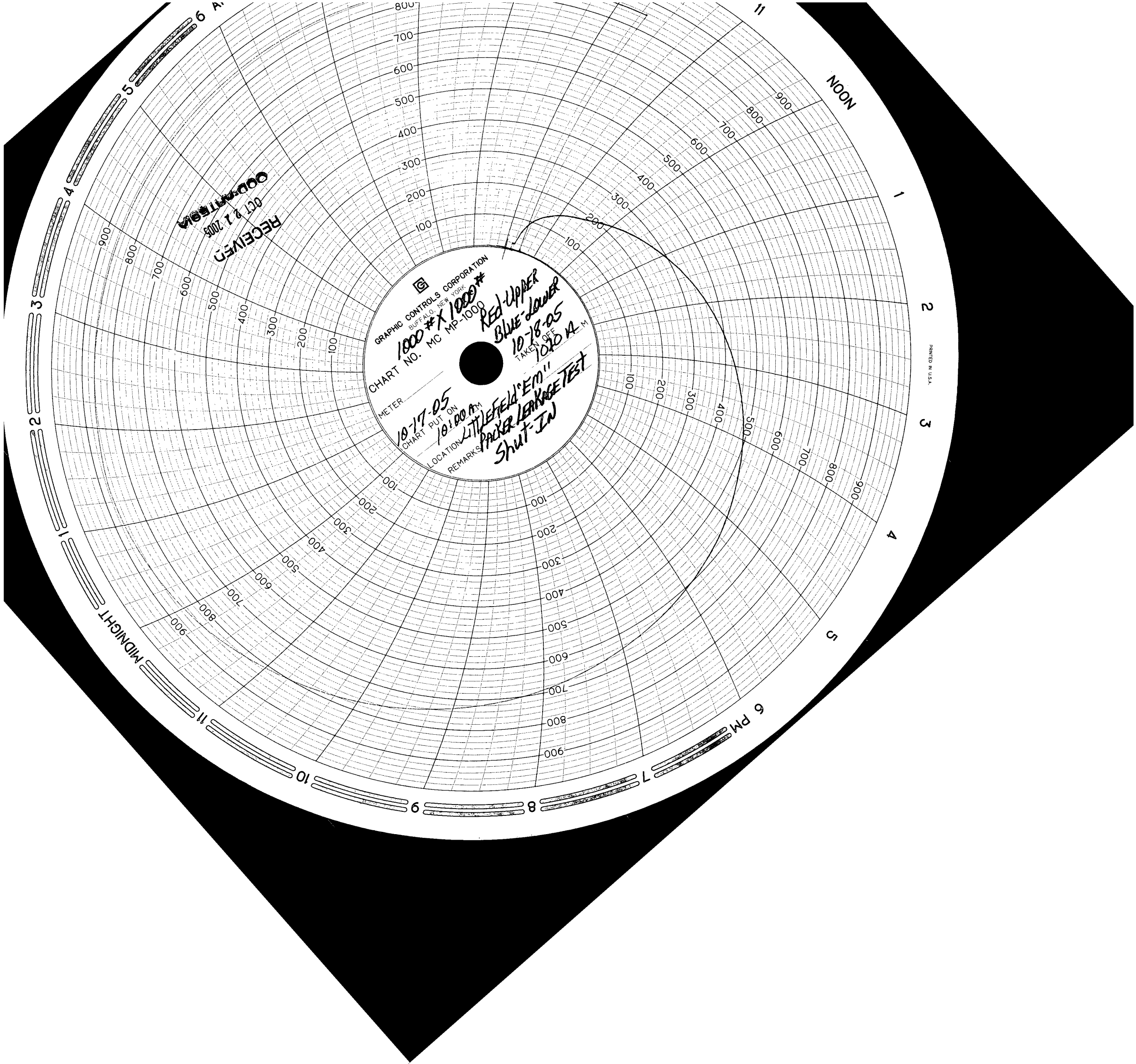
Operator Wildcat Measurement Service

By [Signature] _____

Title Don Norman/Technician

E-mail Address _____

Date 10/20/2005



RECEIVED
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10:00 AM
LOCATION LITTLEFIELD 'EM"
REMARKS PACKER LEAKAGE TEST
SHUT-IN

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