

OIL CONSERVATION DIVISION

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST FOR 2003

Operator CAULKINS OIL COMPANY Lease BREECH "B" Well No. 220-R API NO. 30-039-21998

Location

of Well: Unit B Sec. 14 Twp. 26N Rge. 7W County Rio Arriba

	NAME OF RESERVOIR OR POOL	TYPE OF PROD.	METHOD OF PROD. (Flow or Art. Lift)	PROD. MEDIUM (Tbg. or Csg.)
Upper Comp.	Otero Chacra - Pictured Cliff	Gas	Flow	Tubing
Lower Comp.	Basin Dakota - Mesa Verde	Gas	Flow	Tubing

PRE-FLOW SHUT-IN PRESSURE DATA

	Hour, date shut-in	Length of time shut-in	SI press. psig	Stabilized?(Yes or No)
Upper Comp.	9:30 a. m. 2-9-04	72 hours	177	Yes
Lower Comp.	9:30 a. m. 2-9-04	72 hours	252	Yes

FLOW TEST NO. 1

Commenced at (hour, date)* 9:30 am 2/9/04				Zone producing (Upper or Lower):	
TIME (hour, date)	LAPSED TIME SINCE*	PRESSURE Upper Comp. Lower Comp.		PROD. ZONE TEMP.	REMARKS
9:30 am 2/10/04	24 hrs.	170	238	60	Both Zones Shut-In
9:30 am 2/11/04	48 hrs.	175	245	60	Both Zones Shut-In
9:30 am 2/12/04	72 hrs.	177	252	60	Both Zones Shut-In
9:30 am 2/13/04	96 hrs.	179	169	60	Lower Zone Turned On
9:30 am 2/14/04	120 hrs.	180	158	60	Lower Zone Producing

Production rate during test

Oil: _____ BOPD based on _____ Bbls. in _____ Hours _____ Gr

Gas: _____ MCFPD: Tested thru (Orifice or Meter): _____

MID-TEST SHUT-IN PRESSURE DATA

	Hour, date shut-in	Length of time shut-in	SI press. psig	Stabilized?(Yes or No)
Upper Comp.	9:30 a. m. 2-9-04	192 hours	182	Yes
Lower Comp.	9:30 a. m. 2-14-04	72 hours	249	Yes

(Continue on reverse side)

FLOW TEST NO. 2

Commenced at (hour, date)* 9:30 a. m. 2/14/04				Zone producing (Upper or Lower):	
TIME (hour, date)	LAPSED TIME SINCE*	PRESSURE		PROD. ZONE TEMP.	REMARKS
		Upper Comp.	Lower Comp.		
9:30 am 2/15/04	24 hrs.	181	233	60	Both Zones Shut-In
9:30 am 2/16/04	48 hrs.	181	242	60	Both Zones Shut-In
9:30 am 2/17/04	72 hrs.	182	249	60	Both Zones Shut-In
9:30 am 2/18/04	96 hrs.	73	255	60	Upper Zone Turned On
9:30 am 2/19/04	120 hrs.	40	261	60	Upper Zone Producing

Production rate during test

Oil: _____ BOPD based on _____ Bbls. in _____ Hours _____ Grav. _____ GOR _____

Gas: _____ MCFPD: Tested thru (Orifice or Meter): _____

Remarks: _____

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

Approval MAR - 1 2004 19 _____ Operator Caulkins Oil Company
New Mexico Oil Conservation Division

By Charles T. [Signature] By Robert L. Vergara [Signature]
Title Superintendent

Title DEPUTY OIL & GAS INSPECTOR, DIST. #00 Date February 26, 2004

NOTE: This format is in lieu of Oil Conservation Division, Packer Leakage Tests Form.