

NEW MEXICO OIL CONSERVATION DIVISION
SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Revised June 9, 2003

30-015-21445

Operator Yates Petroleum Corporation Lease Tidwell "ED" Fee No. 1
Location Of Well: Unit P Section 22 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	Atoka (Wildcat)	None	None	CSG	
Lower Completion	Kennedy Farms Atoka	Gas	Compressor	TBG	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10/10/2012 8:55am

	Upper Completion	Lower Completion
Well opened at (hour, date): <u>10/11/2012 9:05am</u>		
Indicate by (X) the zone producing.....		XXX
Pressure at beginning of test.....	0.0#	317#
Stabilized? (Yes or No).....	Yes	Yes
Maximum pressure during test.....	0.0#	317#
Minimum pressure during test.....	0.0#	156#
Pressure at conclusion of test.....	0.0#	160#
Pressure change during test (Maximum minus Minimum).....	0.0#	161#
Was pressure change an increase or a decrease?.....	Stable	Decrease

Total Time On Production 24 hours

Well closed at (hour, date): 10/12/2012 9:05am

Oil Production _____ Gas Production _____

During Test: 0 bbls; Grav. _____; During Test 50.1 MCF; GOR _____

Remarks: Wildcat Atoka will not produce pressure is zero

FLOW TEST NO. 2

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

	Upper Completion	Lower Completion
Well opened at (hour, date): _____		
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?.....		

Total Time On Production _____

Well closed at (hour, date): _____

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

By Accepted for record NMOCD 11/8/12
Title _____

Operator Wildcat Measurement Service, Inc.

By [Signature]
Title Don Norman/Technician
E-mail Address dnorman@wildcatms.com
Date 10/29/2012



