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

30-005-61506

Operator	Chesapeake Operating	Lease	Chaves A Fed	Well No.	3
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	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 11:45am / 10-3-05

Well opened at (hour, date): 11:15am / 10-4-05

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	10	20
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	52	400
Minimum pressure during test	40	20
Pressure at conclusion of test	52	20
Pressure change during test (Maximum minus Minimum)	8	380
Was pressure change an increase or a decrease?	Increase	Decrease

Well closed at (hour, date): 11:15 / 10-5-05 Total Time On Production 24 HRS.

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

Remarks NO Indication of A Packer Leak

FLOW TEST NO. 2

Well opened at (hour, date): 11:15 / 10-06-05

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	105	20
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	110	410
Minimum pressure during test	18	400
Pressure at conclusion of test	18	410
Pressure change during test (Maximum minus Minimum)	92	10
Was pressure change an increase or a decrease?	Decrease	Increase

Well closed at (hour, date) 11:20 / 10-7-05 Total time on Production 24 HRS.

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

Remarks NO Indication of A Packer Leak

RECEIVED
OCT 13 2005
OCD-ARTESIA

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 F Guajardo
Signature

Julian F Guajardo Tester
Printed Name Title

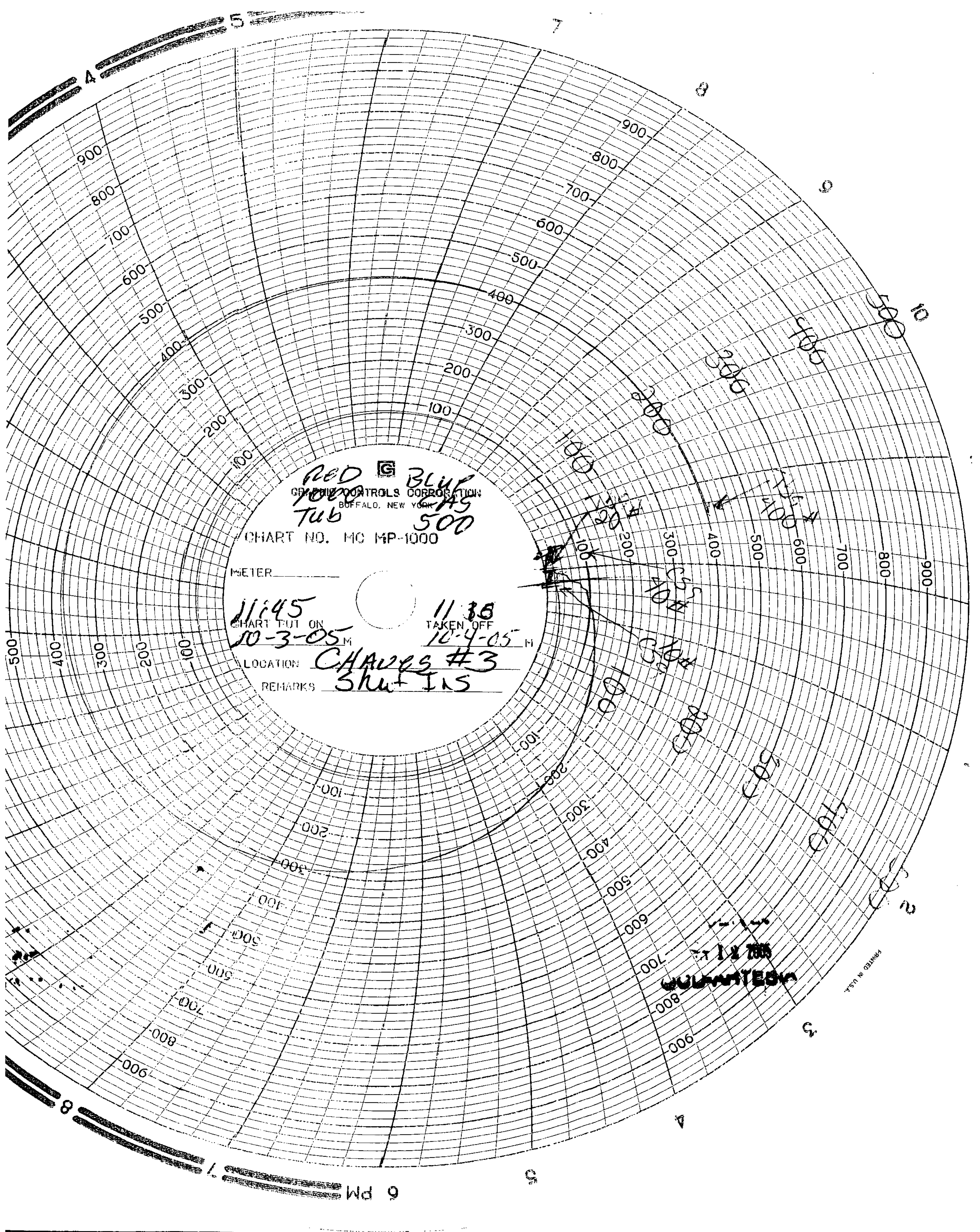
10-10-05 - 748-3759
Date Telephone

OIL CONSERVATION DIVISION

Date Approved OCT 13 2005

By _____

Title Field Supervisor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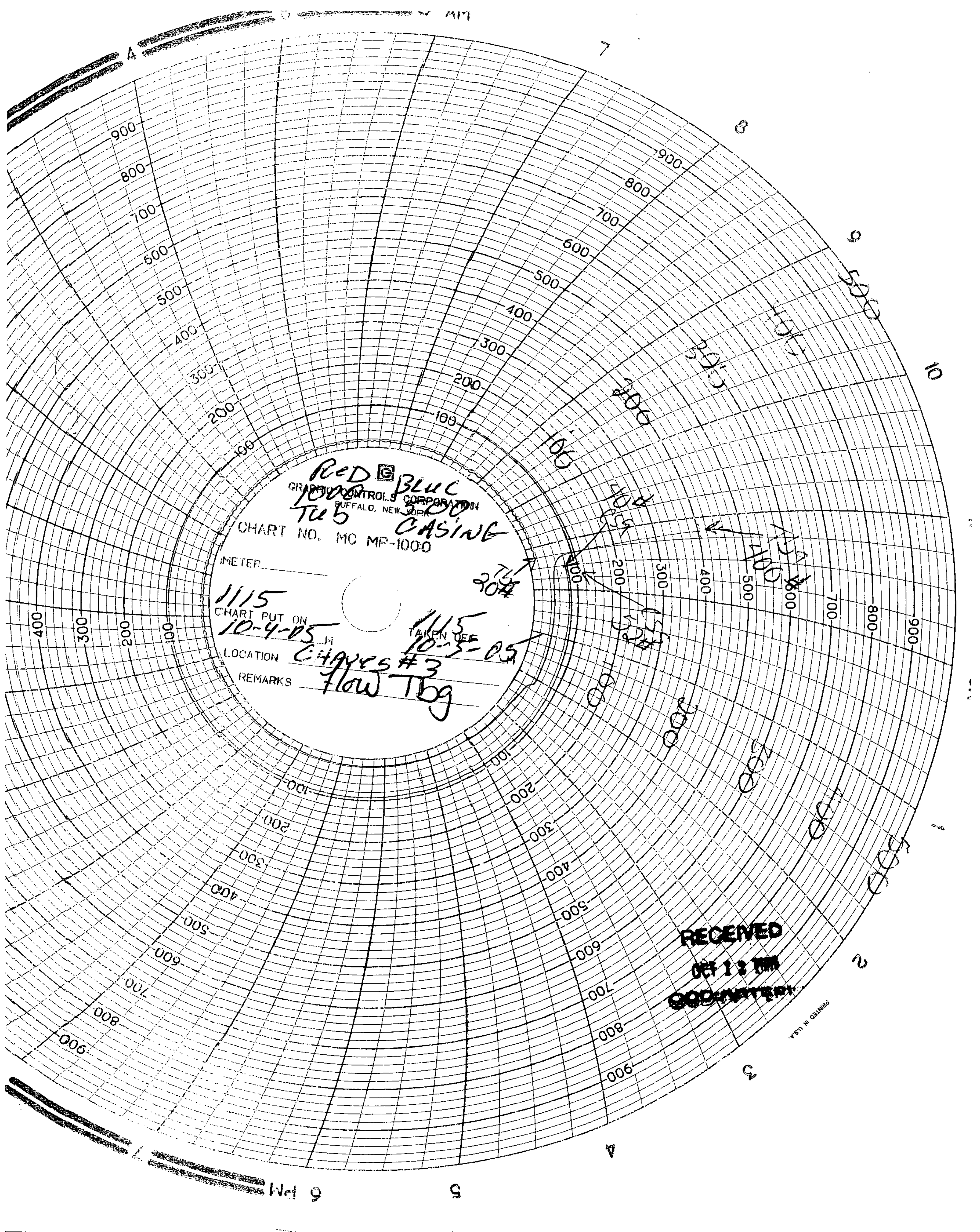
1000
Tub
BLUE
145
500
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
CHART NO. MC MP-1000
METER
11:45
CHART PUT ON
10-3-05 M
TAKEN OFF
10-4-05 M
LOCATION CHAVES #3
REMARKS Shut Ins
6 PM
PRINTED IN U.S.A.


GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
CHART NO. MC MP-1000
METER
CHART PUT ON
TAKEN OFF
LOCATION
REMARKS
RED 1000 TUB
BLUE 3000 CASING
1115
10-4-05
1115
10-5-05
Chaves #3
Flow Tbg
RECEIVED
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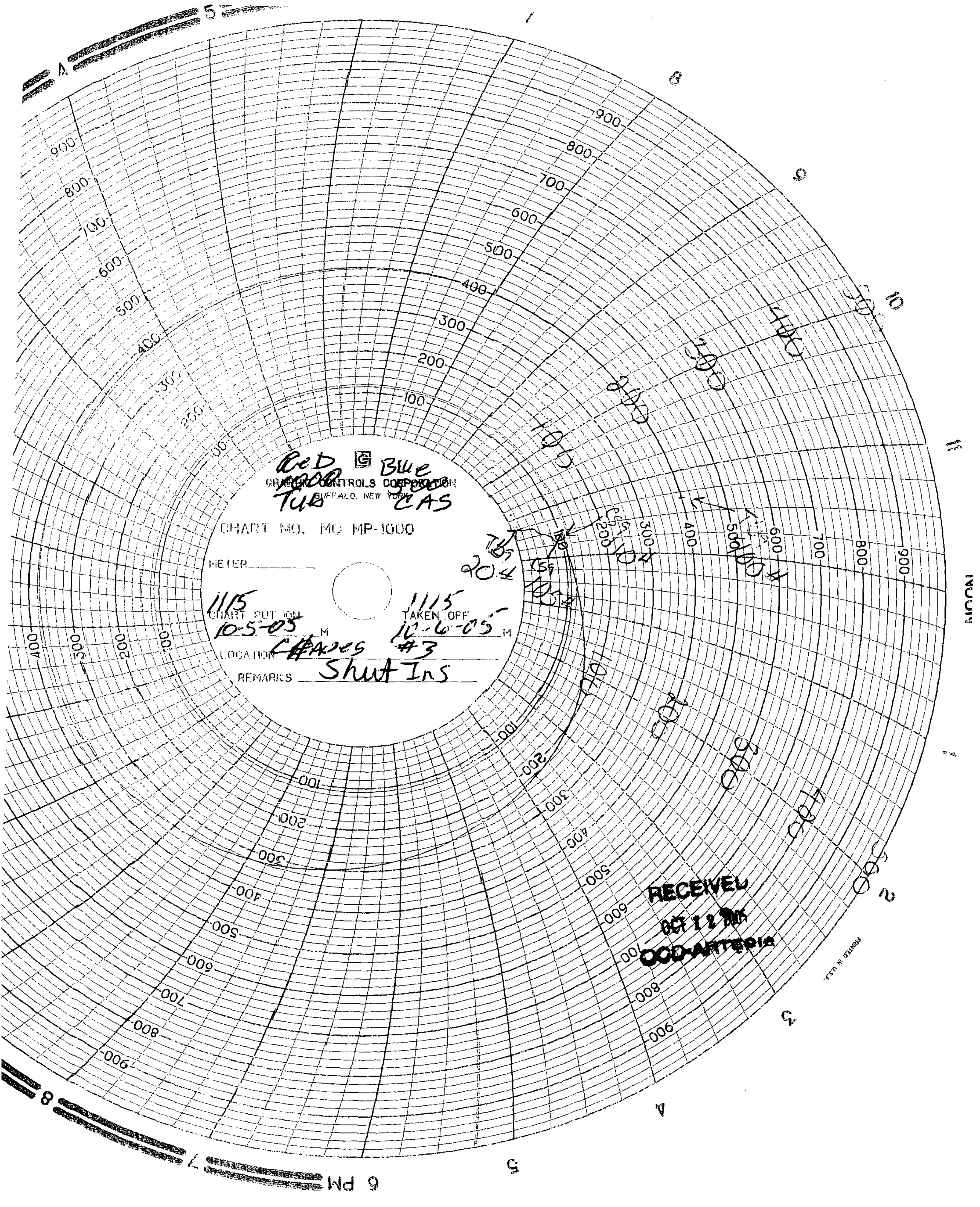
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Tub
Blue
CAS
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
CHART NO. MC MP-1000
METER
CHART PUT ON
1115
10-5-05
TAKEN OFF
1115
10-6-05
LOCATION Chases #3
REMARKS Shut Ins
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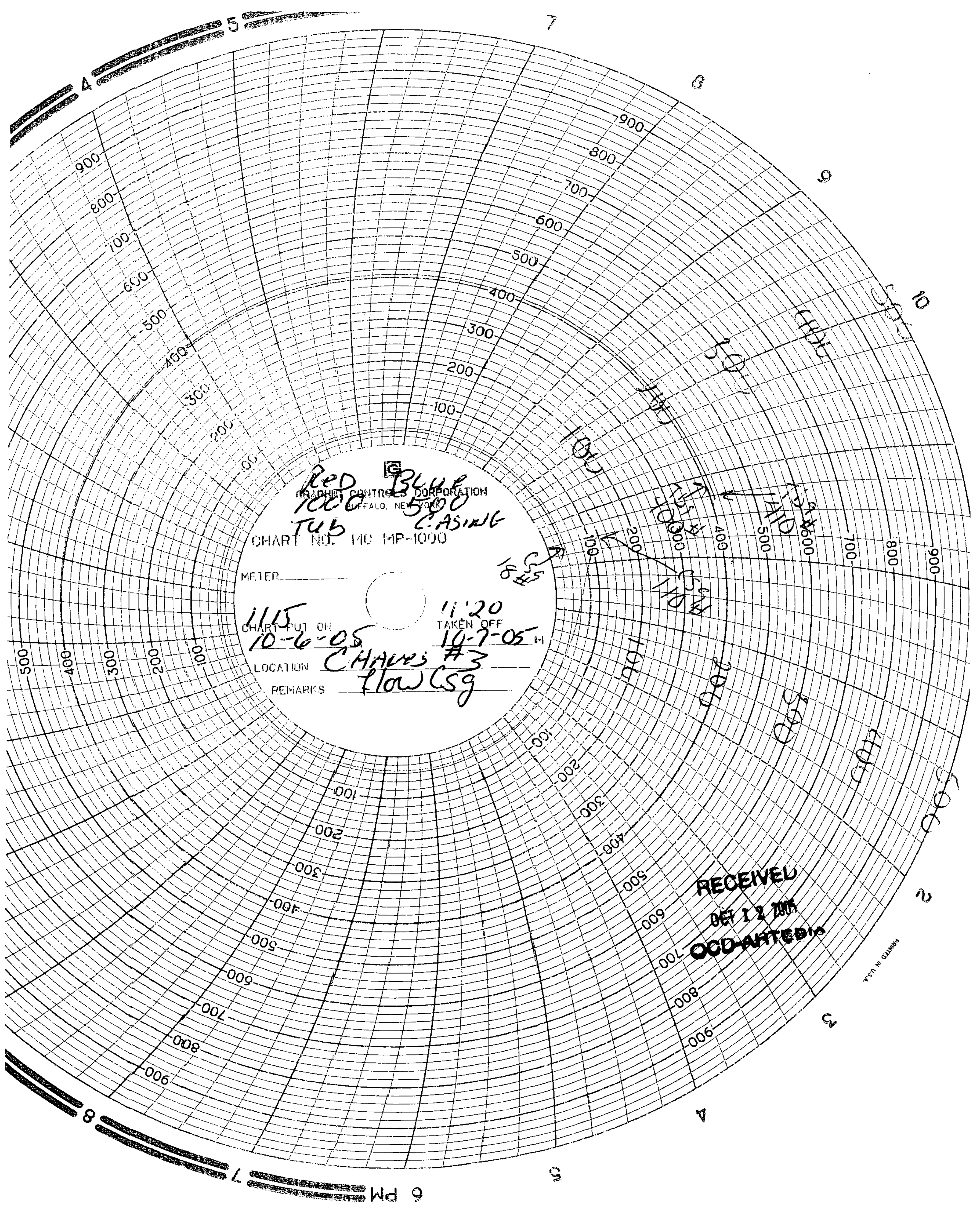
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
Red Blue
1000 500
Tub Casing
CHART NO. MC MP-1000
METER
1115
CHART PUT ON 10-6-05
11:20
TAKEN OFF 10-7-05
LOCATION Chaves #3
REMARKS flow Csg
RECEIVED
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