This form is not to be used Revised June 9, 2003 NEW MEXICO OIL CONSERVATION DIVISION For reporting Packer Leakage Test in Northwest New Mexico SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST 30-015-20868 Lease State "QQ" Well 1 Operator Marbob Energy Corporation No. County Eddy Location Of Well: Unit C Section Township T23S Range R27E Type of Name of Reservoir or Pool Method of Prod. Prod. Medium Choke Size Prod. (Flow Art. Lift) (Tbg. Or Cag.) (Oil or Gas) Upper **CSG** Completion Atoka None None Lower Gas Compressor TBG Completion Morrow FLOW TEST NO. 1 Both zones shut-in at (hour, date): 10/05/2005 Upper Lower 10/06/2005 11:00am Well opened at (hour, date): Completion Completion Indicate by (X) the zone producing..... XXX 17# 320# Pressure at beginning of test..... RECEIVED Yes Yes Stabilized? (Yes or No)..... OCT 2 1 2005 Maximum pressure during test..... 17# 320# 17# 65# Minimum pressure during test..... 17# 65# Pressure at conclusion of test..... 0# 255# Pressure change during test (Maximum minus Minimum)..... Was pressure change an increase or a decrease? Stable Decrease Total Time On Well closed at (hour, date): 1.0/07/2005 25 hours 45 minutes 12:45pm Production Oil Production Gas Production 205.1 MCF; GOR __ _bbls; Grav. During Test: ; During Test Remarks: Atoka zone is not hooked up, zone is not produced FLOW TEST NO. 2 Both zones shut-in at (hour, date): Upper Lower Well opened at (hour, date): Completion 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?..... Total Time On Well closed at (hour, date): Production ___ **Gas Production** Oil Production bbls; Grav. ; During Test During Test: _ _ _ MCF; GOR Remarks: I hereby certify that the information herein contained is true and complete to the best of my knowledge.

OCT 26 2005 New Mexico Oil Conservation Division

Fleid Supervisor

By _____

Title __

Will dcat Operator Measurement Service

atmun Title Don Norman/Technician

E-mail Address ___

10/20/2005



