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 30-005-62587

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

Operator		Lease		Well No.
PLAINS Radio Petroleum		Canal St		4

Location of Well	Unit	Sec.	Twp	Rge	County
		6	9	27	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	Penn	GAS	Flow	Csg	
Lower Compl	Abo	GAS	Flow	Tbg.	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:30 Am / 9-11-03

Well opened at (hour, date): 10:30 Am / 9-12-03

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	521	360
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	521	480
Minimum pressure during test	521	120
Pressure at conclusion of test	521	120
Pressure change during test (Maximum minus Minimum)	0	360
Was pressure change an increase or a decrease?	Stable	Decrease

Well closed at (hour, date): 10:15 Am / 9-13-03 Total Time On Production 23 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): 10:00 Am / 9-14-03

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	176	430
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	176	430
Minimum pressure during test	95	430
Pressure at conclusion of test	95	430
Pressure change during test (Maximum minus Minimum)	81	0
Was pressure change an increase or a decrease?	Decrease	Stable

Well closed at (hour, date) 10:30 Am / 9-15-03 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.

OPERATOR CERTIFICATE OF COMPLIANCE

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

Kelly Services Inc.
Operator

Julian F Guajardo
Signature

Julian F Guajardo Tester
Printed Name Title

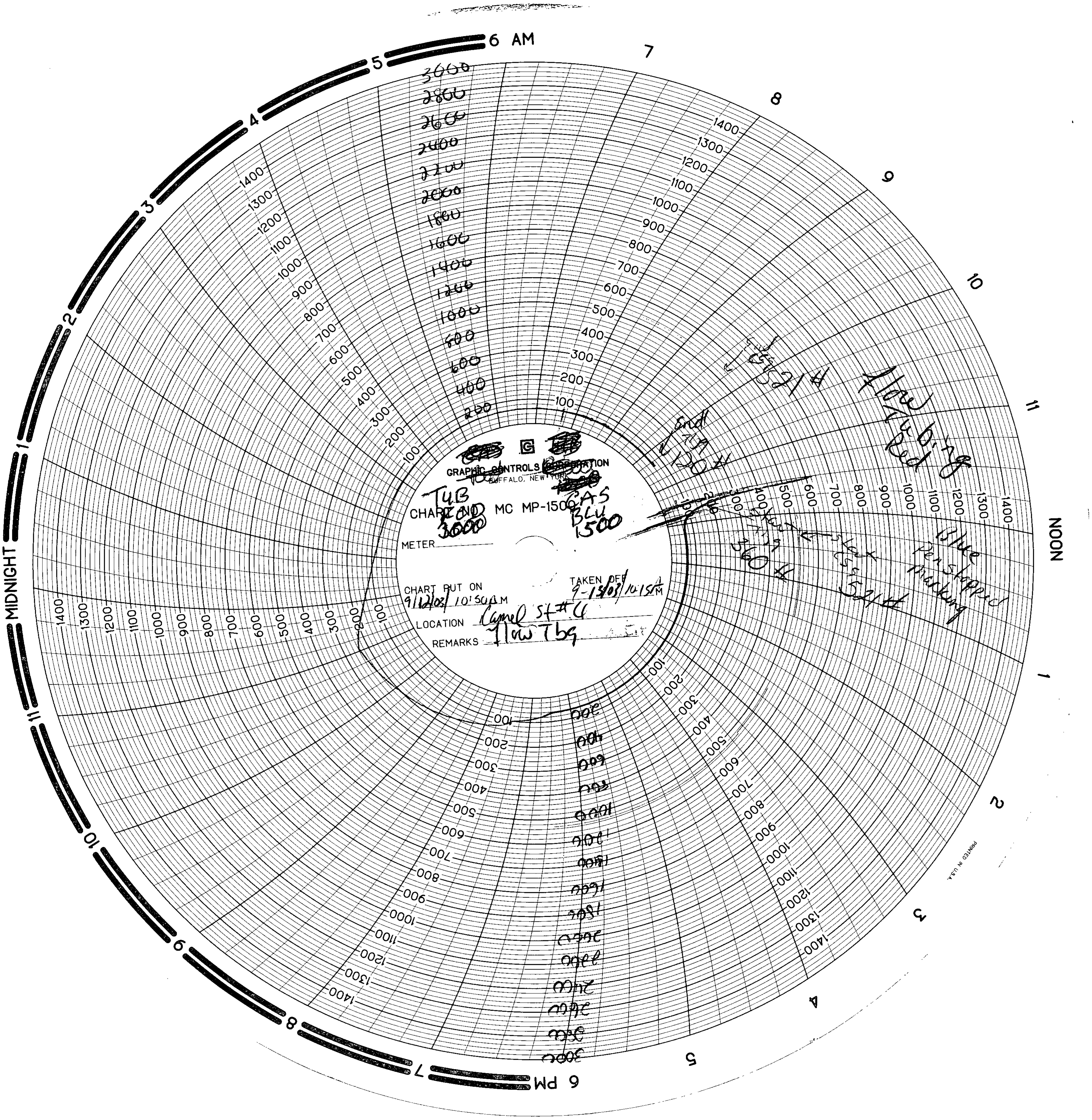
9-24-03 748-3759.
Date Telephone No.

OIL CONSERVATION DIVISION

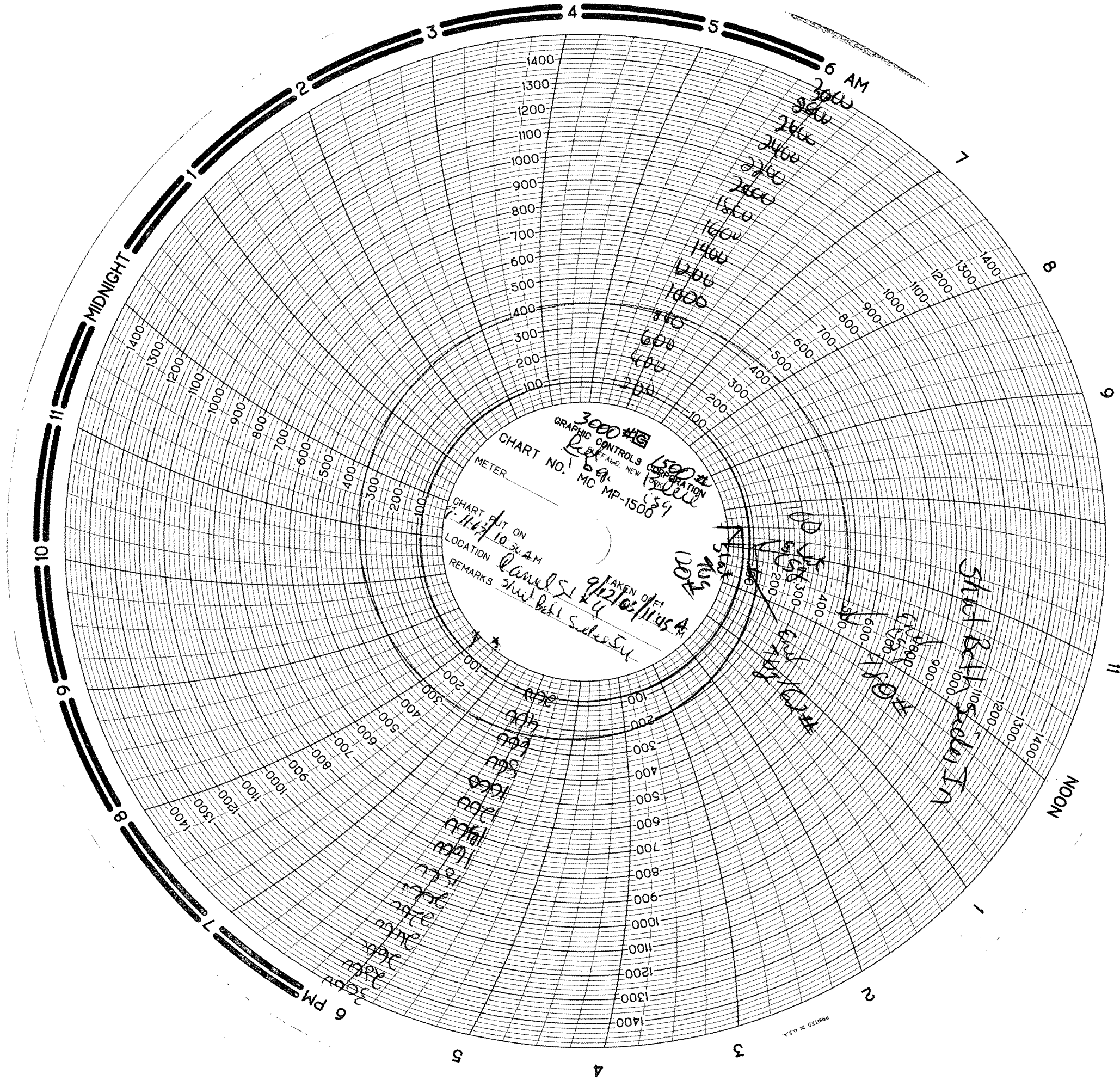
Date Approved _____

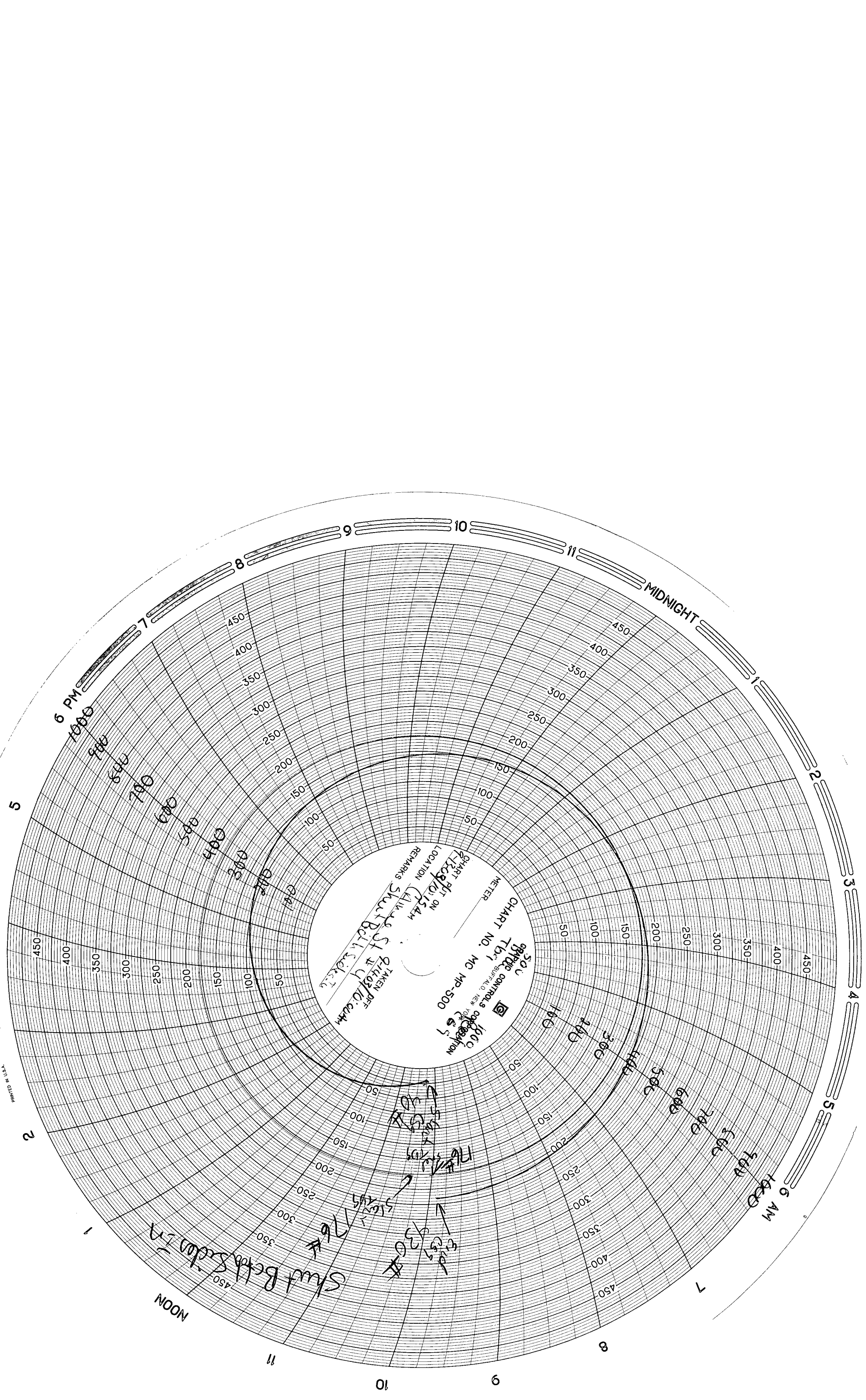
By _____

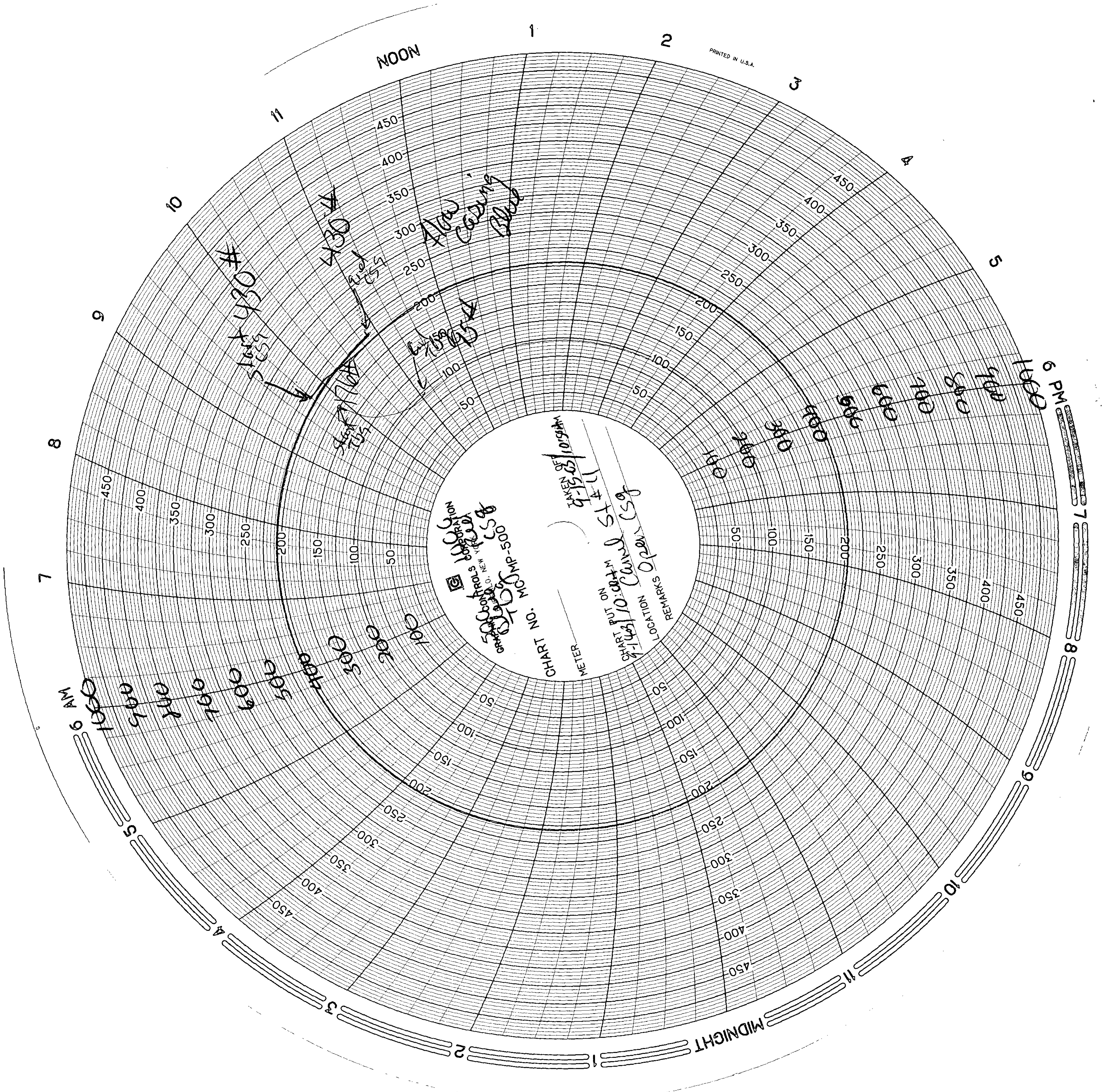
Title _____



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
CHART NO. MC MP-1500
TUB 3000
GAS BLU 1500
METER
CHART PUT ON 9/12/08/ 10:50 AM
TAKEN OFF 9-13/08/ 10:15 AM
LOCATION Camel St #4
REMARKS Flow Tbg
Flow Tubing Red
Blue pen stopped marking
6 AM
NOON
6 PM
MIDNIGHT
PRINTED IN U.S.A.


MIDNIGHT
1
2
3
4
5
6 AM
7
8
9
10
11
NOON
1
2
3
4
5
6 PM
7
8
CHART NO.
METER
CHART PUT ON
LOCATION
REMARKS
TAKEN OFF
GRAPHIC CONTROLS CORPORATION
MC MP-1500


MIDNIGHT
6 AM
NOON
6 PM
CHART PUT ON
TAKEN OFF
LOCATION
REMARKS
METER
CHART NO. MC MP-500
SAMPLE CONTROLS CORPORATION
BUFFALO, NEW YORK
PRINTED IN U.S.A.


NOON
MIDNIGHT
6 PM
6 AM
PRINTED IN U.S.A.
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
CHART NO. MC MP-500
METER
CHART PUT ON
TAKEN OFF
LOCATION
REMARKS
430#
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