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

30-015-21996

Operator		Lease		Well No.
Devon Louisiana Corporation		Littlefield "EM" Federal		1

Location of Well	Unit	Sec.	Twp	Rge	County
	FRM1165	20	T18S	R31E	Eddy

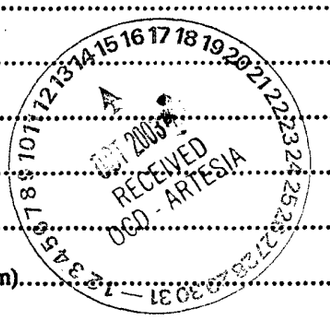
	Name of Reservoir or Pool	Type of Prod. (Oil or Gas)	Method of Prod. Flow, Art Lift	Prod. Medium (Tbg. or Csg)	Choke Size
Upper Compl	Atoka	None	Flow	TBG	
Lower Compl	Morrow	Gas	Flow	TBG	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10/08/2003 11:35am

Well opened at (hour, date): 10/09/2003 1:05pm

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		XXX
Pressure at beginning of test	0.0#	860#
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	0.0#	860#
Minimum pressure during test	0.0#	20#
Pressure at conclusion of test	0.0#	20#
Pressure change during test (Maximum minus Minimum)	0.0#	840#
Was pressure change an increase or a decrease?	Stable	Decrease



Well closed at (hour, date): 10/10/2003 1:35pm Total Time On Production: 24 hour 30 min

Oil Production During Test: 0 bbls; Grav. ____ Gas Production During Test: 114.0 MCF; GOR ____

Remarks: Atoka Zone is not hooked up or produced, pressure is zero

FLOW TEST NO. 2

	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?		

Well closed at (hour, date) ____ Total time on Production ____

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

Remarks ____

OPERATOR CERTIFICATE OF COMPLIANCE

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

Devon Louisiana Corporation
Operator

Signature

Don Norman/Wildcat Measurement Ser.
Printed Name Title

10/13/2003 1-888-421-9453
Date

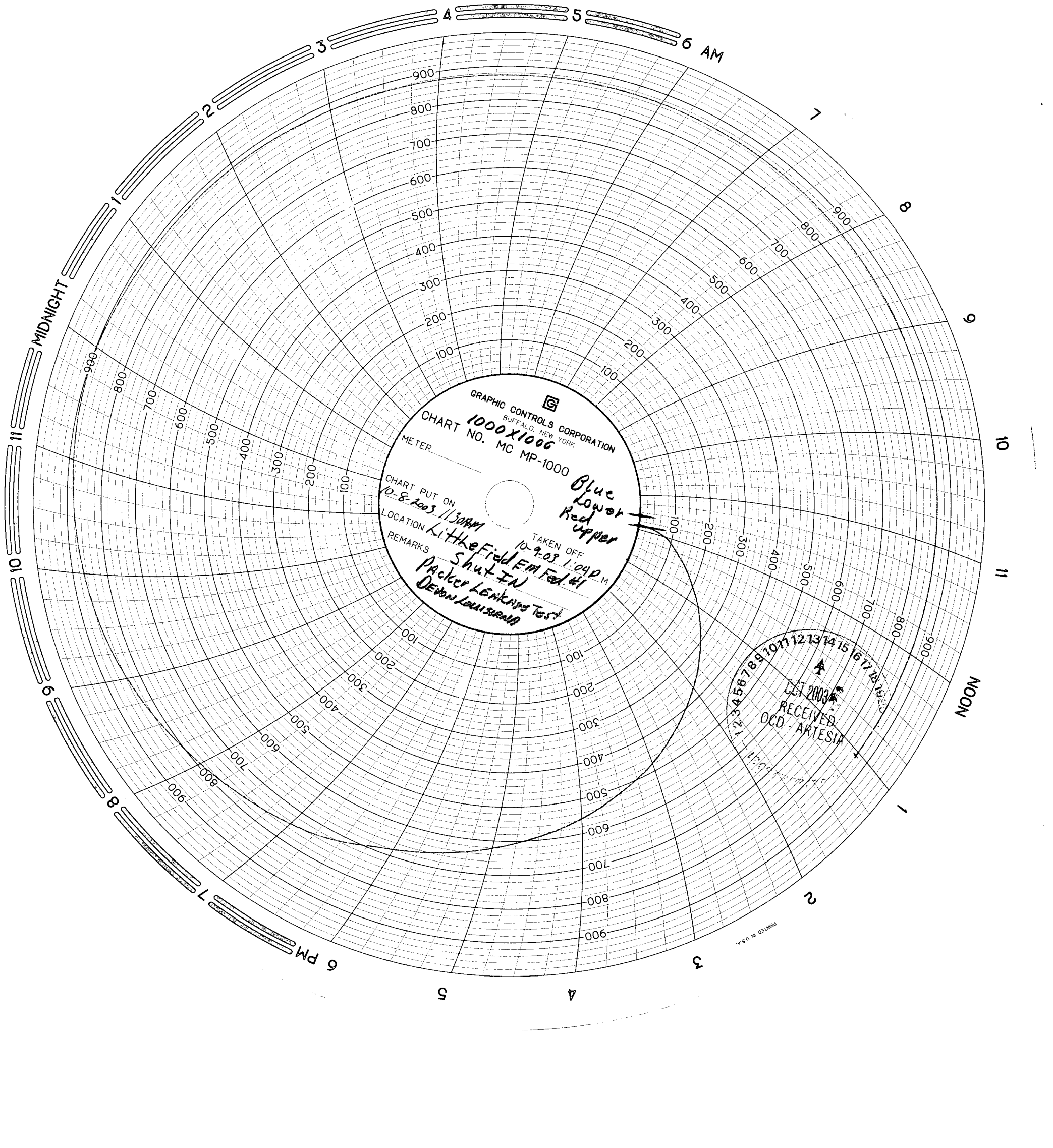
OIL CONSERVATION DIVISION

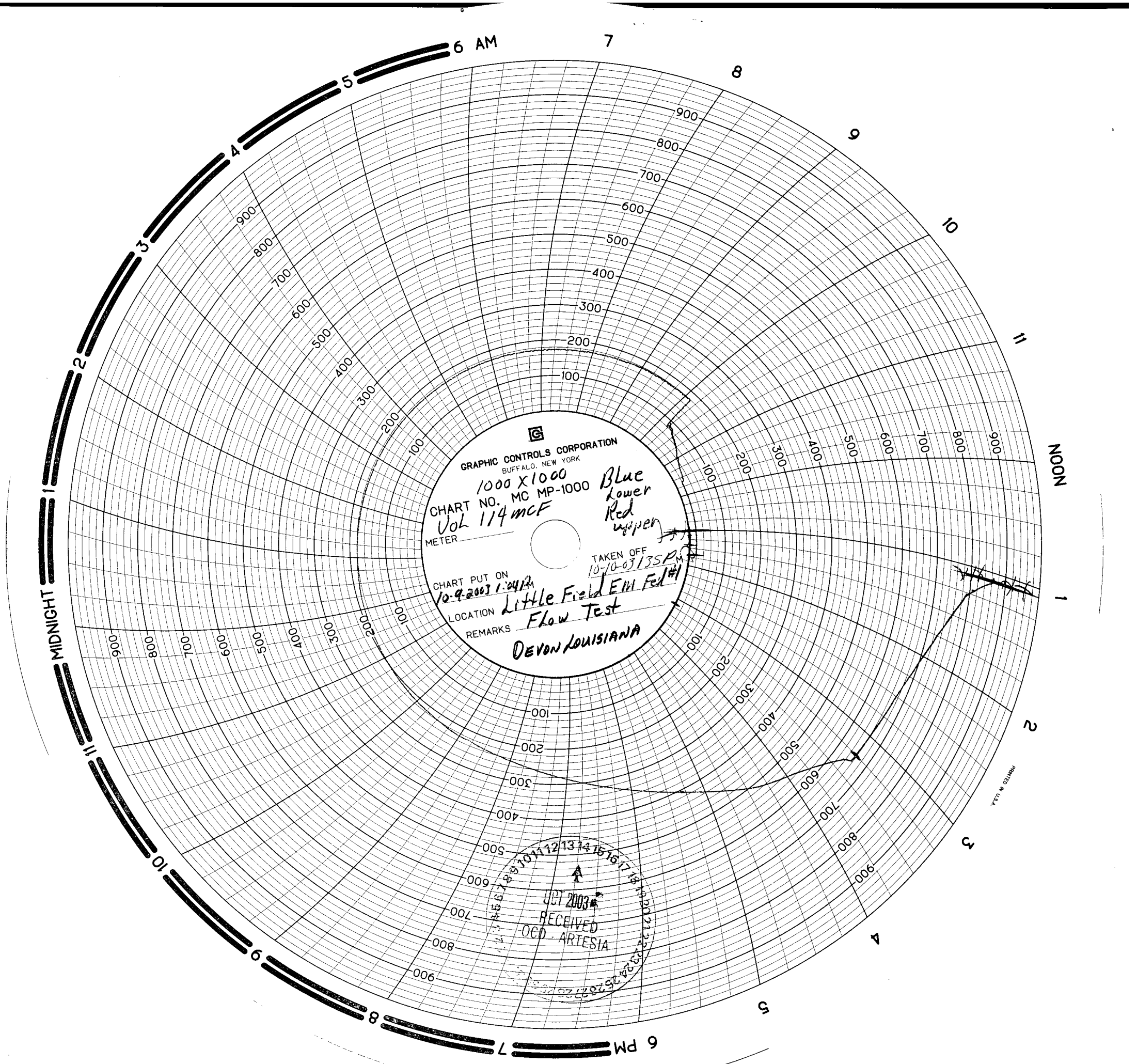
APPROVED OCT 16 2003

Date Approved ____

By ____

Title Field Rep II


GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
CHART NO. MC MP-1000
1000X1006
METER
CHART PUT ON 10-8-2003 11:30AM
TAKEN OFF 10-9-03 1:04PM
LOCATION Littlefield FM Fed. #1
REMARKS Shut IN
Packer Leakage Test
Devon Louisiana
Blue Lower
Red Upper
RECEIVED
OCD - ARTESIA
MIDNIGHT
1
2
3
4
5
6 AM
7
8
9
10
11
NOON
6 PM
100
200
300
400
500
600
700
800
900


6 AM
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NOON
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5
6 PM
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MIDNIGHT
100
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600
700
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900
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
CHART NO. MC MP-1000
1000 X 1000
Vol 114 mcF
Blue Lower
Red upper
METER
TAKEN OFF
10-10-03 3:35 PM
CHART PUT ON
10-9-2003 1:24 PM
LOCATION Little Field EIM Fed #1
REMARKS Flow Test
DEVON LOUISIANA
OCT 2003
RECEIVED
OCD - ARTESIA
PRINTED IN U.S.A.