

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

INSTRUCTIONS ON REVERSE
SIDE

This form is not to be used for
reporting packer leakage tests in
Northern New Mexico

class
OP

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>Chesapeake</u>			Lease <u>Chaves 'A' Federal</u>			Well No. <u>#3</u>		
Location of Well	Unit	Sec. <u>21</u>	Twp. <u>7S</u>	Rge. <u>26E</u>	County <u>Chaves</u>			
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	<u>Abo</u>		<u>GAS</u>	<u>flow</u>	<u>Csg</u>			
Lower Compl	<u>Wolfcamp</u>		<u>GAS</u>	<u>flow</u>	<u>Tbg</u>			

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 12:30pm / 9-3-02

Well opened at (hour, date): 11:45am / 9-4-02

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>92</u>	<u>300</u>
Stabilized? (Yes or No).....	<u>YES</u>	<u>YES</u>
Maximum pressure during test.....	<u>100</u>	<u>300</u>
Minimum pressure during test.....	<u>92</u>	<u>90</u>
Pressure at conclusion of test.....	<u>100</u>	<u>90</u>
Pressure change during test (Maximum minus Minimum).....	<u>8</u>	<u>210</u>
Was pressure change an increase or a decrease?.....	<u>Increase</u>	<u>Decrease</u>

Well closed at (hour, date): 12:00pm / 9-5-02 Total Time On Production 24 HRS

Oil Production _____ Gas Production _____

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

Remarks No Indication of A Packer Leak.

FLOW TEST NO. 2

Well opened at (hour, date): 12:00pm / 9-6-02

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>105</u>	<u>360</u>
Stabilized? (Yes or No).....	<u>YES</u>	<u>YES</u>
Maximum pressure during test.....	<u>105</u>	<u>450</u>
Minimum pressure during test.....	<u>80</u>	<u>360</u>
Pressure at conclusion of test.....	<u>80</u>	<u>450</u>
Pressure change during test (Maximum minus Minimum).....	<u>25</u>	<u>90</u>
Was pressure change an increase or a decrease?.....	<u>Decrease</u>	<u>Increase</u>

Well closed at (hour, date): 11:55am / 9-7-02 Total time on Production 24 HRS

Oil production _____ Gas Production _____

During Test: _____ bbls; Grav. _____ ; 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

Keltic Services Inc
Operator

Julian F Guayardo
Signature

Julian F Guayardo Tester
Printed Name Title

9-9-02 748-3759

OIL CONSERVATION DIVISION

Date Approved SEP 16 2002

By _____

Title Julian Sep II