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

Operator			Lease		Well No.
YATES Petroleum Corp			Ibis "XU"		2
Location of Well: Unit C	Sec. 25	Twp 9	Rge 26	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	Floor Ranch Wolfcamp	GAS	Flow	CSG.	6/64
Lower Compl	Floor Ranch PENN.	GAS	Flow	TBG.	10/64

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9-21-01

Well opened at (hour, date): 1100 9-27-01

Indicate by (X) the zone producing	Upper Completion: X	Lower Completion:
Pressure at beginning of test	300	645
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	300	645
Minimum pressure during test	160	645
Pressure at conclusion of test	160	645
Pressure change during test (Maximum minus Minimum)	140	0
Was pressure change an increase or a decrease?	DECREASE	—

Well closed at (hour, date): 900 9-28-01 Total Time On Production 23 hrs.

Oil Production During Test: 0 bbls; Grav. — Gas Production During Test 39 MCF; GOR —

Remarks

FLOW TEST NO. 2

Well opened at (hour, date): 9:10 9-25-01

Indicate by (X) the zone producing	Upper Completion:	Lower Completion: X
Pressure at beginning of test	160	645
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	220	645
Minimum pressure during test	160	600
Pressure at conclusion of test	220	600
Pressure change during test (Maximum minus Minimum)	60	45
Was pressure change an increase or a decrease?	INCREASE	DECREASE

Well closed at (hour, date) 900 9-29-01 Total time on Production Approx 24 hrs

Oil production During Test: 0 bbls; Grav. —; Gas Production During Test 32 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

Yates Petroleum Corp
Operator

Jeff Deck
Signature

Jeff Deck — Measure. Tech.
Printed Name — Title

9/29/01 — 505-622-9983
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved 10-25-01

By

Title Field Rep II