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

OISF
Dp

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator	Plains Radio Broadcasting	Lease	Camel St	Well No.	4
Location of Well	Unit	Sec. 6	Twp 9S	Rge 27E	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	Devon	GAS	Flow	Csg	
Lower Compl	ABO	GAS	Flow	Tbg	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 12:00pm / 7-23-01

Well opened at (hour, date): 11:15Am / 7-24-01

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	180	520
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	180	520
Minimum pressure during test	180	120
Pressure at conclusion of test	180	120
Pressure change during test (Maximum minus Minimum)	0	400
Was pressure change an increase or a decrease?	Stable	Decrease.

Well closed at (hour, date): 10:45Am / Total Time On Production 23 HRS.

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

Remarks No Indication of Packer Leakage

FLOW TEST NO. 2

Well opened at (hour, date): 11:30Am / 7-26-01

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	180	560
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	180	560
Minimum pressure during test	120	560
Pressure at conclusion of test	120	500
Pressure change during test (Maximum minus Minimum)	60	60
Was pressure change an increase or a decrease?	Decrease	Decrease

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Well closed at (hour, date) 12:30pm / 7-27-01 Total time on Production 25 HRS.

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

Remarks Lower Completion showed a slight Pressure Drop but stabilized to pressure.

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 Guajardo
Signature

Julian F Guajardo Tester
Printed Name Title

7-30-01 748-3759

OIL CONSERVATION DIVISION

Date Approved 7 August, 2001

By _____

Title Field Rep II