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	Yates Petroleum Corporation	Lease	Marathon "AGI" St	Well No.	1
Location of Well	Unit A	Sec. 33	Twp 17	Rge 24	County 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	Wolfcamp	GAS	Flow	Csg	
Lower Compl	Ateka Morrow	GAS		Tbg	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:00Am | 10-18-01

Well opened at (hour, date): 9:00Am | 10-19-01

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	310	440
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	310	440
Minimum pressure during test	240	420
Pressure at conclusion of test	240	420
Pressure change during test (Maximum minus Minimum)	70	20
Was pressure change an increase or a decrease?	Decrease	Decrease

Well closed at (hour, date): 9:15Am | 10-20-01 Total Time On Production 24Hrs & 15minutes

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

Remarks Ateka Morrow is not Hooked up - will not Produce.

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 _____

RECEIVED
OCD - ARTESIA

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

OIL CONSERVATION DIVISION

Date Approved 10-26-01

By _____

Title _____