

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

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  
Northwest New Mexico

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

|                  |                             |      |     |                            |                                |                            |  |             |   |
|------------------|-----------------------------|------|-----|----------------------------|--------------------------------|----------------------------|--|-------------|---|
| Operator         | Mater Petroleum Corporation |      |     |                            | Lease                          | Marathon "AGI" ST          |  | Well No.    | 1 |
| Location of Well | Unit                        | Sec. | Twp | Rge                        | County                         |                            |  |             |   |
|                  | A                           | 33   | 17  | 24                         | Eddy                           |                            |  |             |   |
|                  | Name of Reservoir or Pool   |      |     | Type of Prod. (Oil or Gas) | Method of Prod. Flow, Art Lift | Prod. Medium (Tbg. or Csg) |  | Casing Size |   |
| Upper Compl      | Wolfcamp                    |      |     | GAS                        | Flow                           | Csg                        |  |             |   |
| Lower Compl      | Ateka Morrow                |      |     | GAS                        |                                | Tbg                        |  |             |   |

FLOW TEST NO. 1

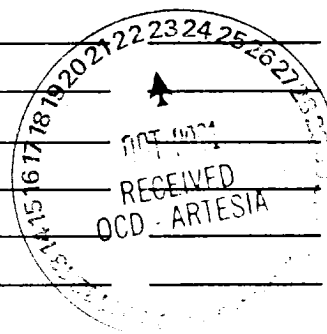
Both zones shut-in at (hour, date): 9:00 AM 10-18-01

Well opened at (hour, date): 9:00 AM 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): <u>9:15 AM 10-20-01</u>             | Total Time On Production | <u>24 Hrs + 15 minutes</u> |
| Oil Production                                                   | Gas Production           |                            |
| During Test: _____ bbls; Grav. _____                             | During Test              | MCF; GOR _____             |
| Remarks <u>Ateka Morrow is not hooked up - will not produce.</u> |                          |                            |

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                                           | Gas Production           |                  |
| During Test: _____ bbls; Grav. _____                     | 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

Keltic Services Inc.

Operator

Signature

Sullivan J. Guajardo

Printed Name

10-22-01

Title

OIL CONSERVATION DIVISION

Date Approved 10-26-01

By

Title

[Signature]