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

dgF 02

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator	Yates Petroleum Corp	Lease	Tidwell "Ed" Fee	Well No.	1
Location of Well	Unit P	Sec. 22	Twp 17	Rge 26	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	Atoka (Wildcat)	None		Csg.	
Lower Compl	Kennedy Farms Atoka	Gas	Flow	Tbg	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:15 AM / 10-18-01

Well opened at (hour, date): 8:45 AM / 10-19-01

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	0	470
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	0	470
Minimum pressure during test	0	42
Pressure at conclusion of test	0	42
Pressure change during test (Maximum minus Minimum)	0	428
Was pressure change an increase or a decrease?	Stable	Decrease

Well closed at (hour, date): 10:20 AM / 10-20-01 Total Time On Production 264 RS.

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

Remarks: Wildcat Atoka will not Produce - Pressure is Zero.

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 _____

OCT 2001 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

Kelti Services Inc
Operator

Julian F. Guajardo
Signature

Julian F. Guajardo Tester
Printed Name Title

10-22-01 505-887-59

OIL CONSERVATION DIVISION

Date Approved 10-25-01

By _____

Title Field Rep II