

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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 <u>Yates Petroleum Corp</u>		Lease <u>HUMEX 'ES'</u>		Well No. <u>1</u>	
Location of Well	Unit <u>D</u>	Sec. <u>26</u>	Twp. <u>17</u>	Rge. <u>26</u>	County <u>Eddy</u>
Name of Reservoir or Pool		Type of Prod. (Oil or Gas)	Method of Prod. Flow, Art Lift	Prod. Medium (Lbg. or Csg)	Choke Size
Upper Compl	<u>Atoka</u>	<u>None</u>		<u>Csg</u>	
Lower Compl	<u>Morrow</u>	<u>Gas</u>	<u>Flow</u>	<u>Thg</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10-18-01 / 10:20 AM

Well opened at (hour, date): 9:00 AM / 10-19-01

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>0</u>	<u>382</u>
Stabilized? (Yes or No).....	<u>YES</u>	<u>YES</u>
Maximum pressure during test.....	<u>0</u>	<u>38.2</u>
Minimum pressure during test.....	<u>0</u>	<u>2.40</u>
Pressure at conclusion of test.....	<u>0</u>	<u>240</u>
Pressure change during test (Maximum minus Minimum).....	<u>0</u>	<u>142</u>
Was pressure change an increase or a decrease?.....	<u>Stable</u>	<u>Decrease</u>

Well closed at (hour, date): 9:30 AM / 10-20-01 Total Time On Production 24 1/2 Hrs.

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

Remarks Atoka will Not Produce Pressure is Zero

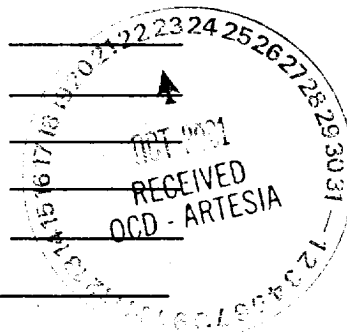
FLOW TEST NO. 2

	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 _____



OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the information contained herein is true and completed to the best of my knowledge

Kellie Services Inc.

Operator

Juan F Guajardo

Signature

Juan F Guajardo Testa

Printed Name

10-22-01

Title

748-2759

OIL CONSERVATION DIVISION

Date Approved 10-23-01

By [Signature]

Title Field Rep ID