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			Lease			Well No.
Macbah Energy			Carlsbad Grace St			#1
Location of Well	Unit	Sec.	Twp	Rge	County	
	I	36	22S	26E	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	Strawn	GAS	Comp	Tbg	open
Lower Compl	Morrow	GAS	Comp	Tbg	open

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:30 AM / 9-9-02

Well opened at (hour, date): 9:30 AM / 9-10-02

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	125	155
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	125	165
Minimum pressure during test	20	155
Pressure at conclusion of test	20	165
Pressure change during test (Maximum minus Minimum)	105	10
Was pressure change an increase or a decrease?	Decrease	Increase

Well closed at (hour, date): 10:00 AM / 9-11-02 Total Time On Production 24½ HRS.

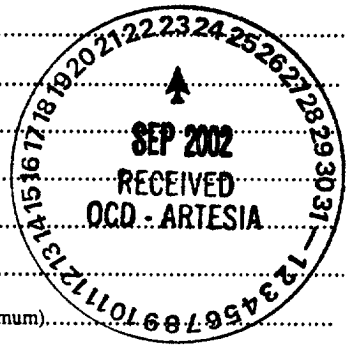
Oil Production During Test: _____ bbls; Grav. _____ Gas Production During Test _____ MCF; GOR _____

Remarks: NO Indication of Packer Leak.

FLOW TEST NO. 2

Well opened at (hour, date): 9:30 AM / 9-12-02

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	120	170
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	175	170
Minimum pressure during test	120	10
Pressure at conclusion of test	175	10
Pressure change during test (Maximum minus Minimum)	55	160
Was pressure change an increase or a decrease?	Increase	Decrease



Well closed at (hour, date) 10:40 / 9-13-02 Total time on Production 24 HRS.

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

Remarks: NO Indication of Packer Leak

OPERATOR CERTIFICATE OF COMPLIANCE

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

Kelfic Services Inc.
Operator

Julian F. Guajardo
Signature

Julian F. Guajardo Tester
Printed Name Title

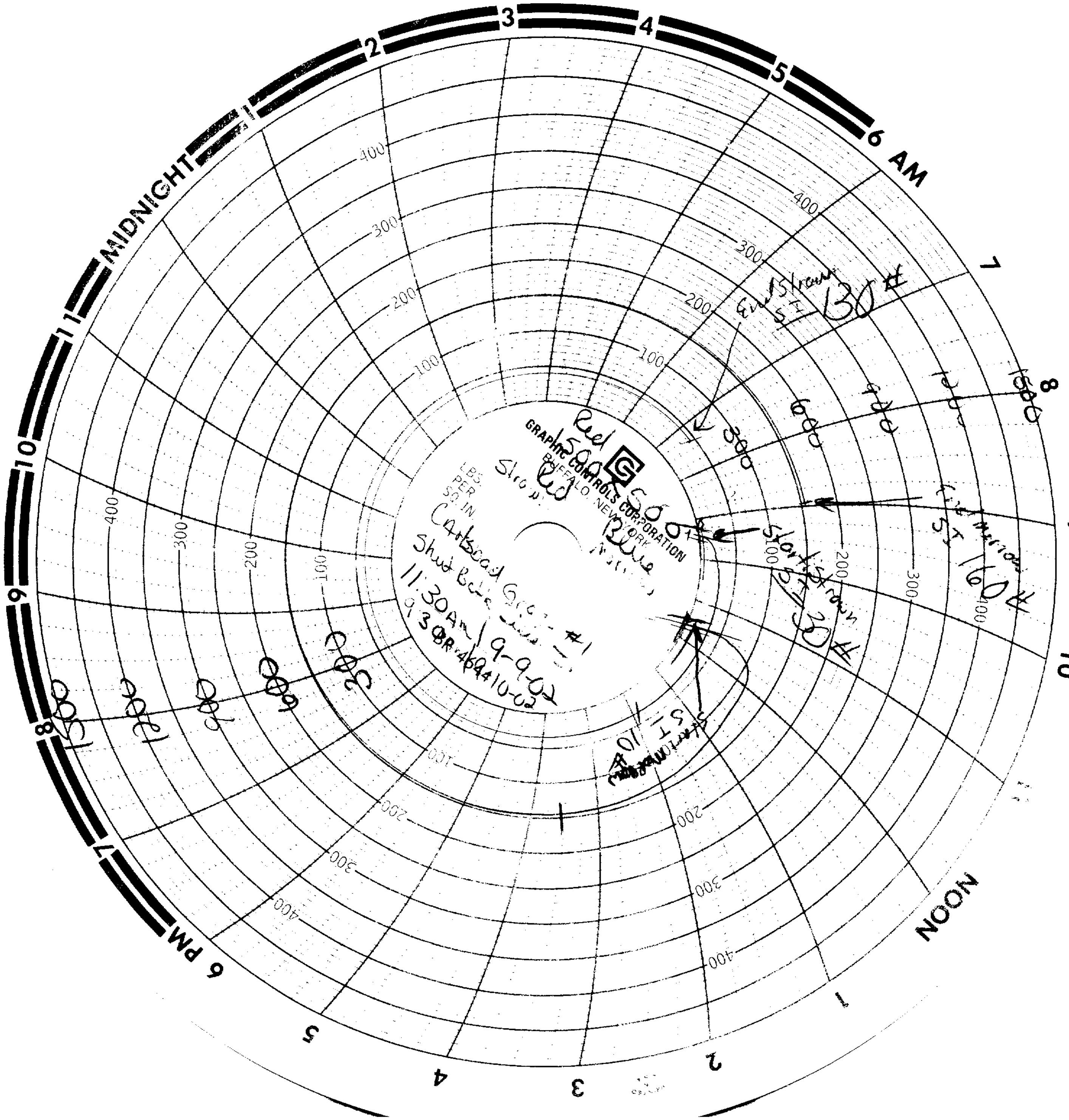
9-18-02 748-3799
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 15 2002

By _____

Title Field Rep II


GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
LBS. PER SQ. IN.
MIDNIGHT
6 AM
NOON
6 PM
Red
Blue
Carlsbad
11:30Am 9-9-07
130#
160#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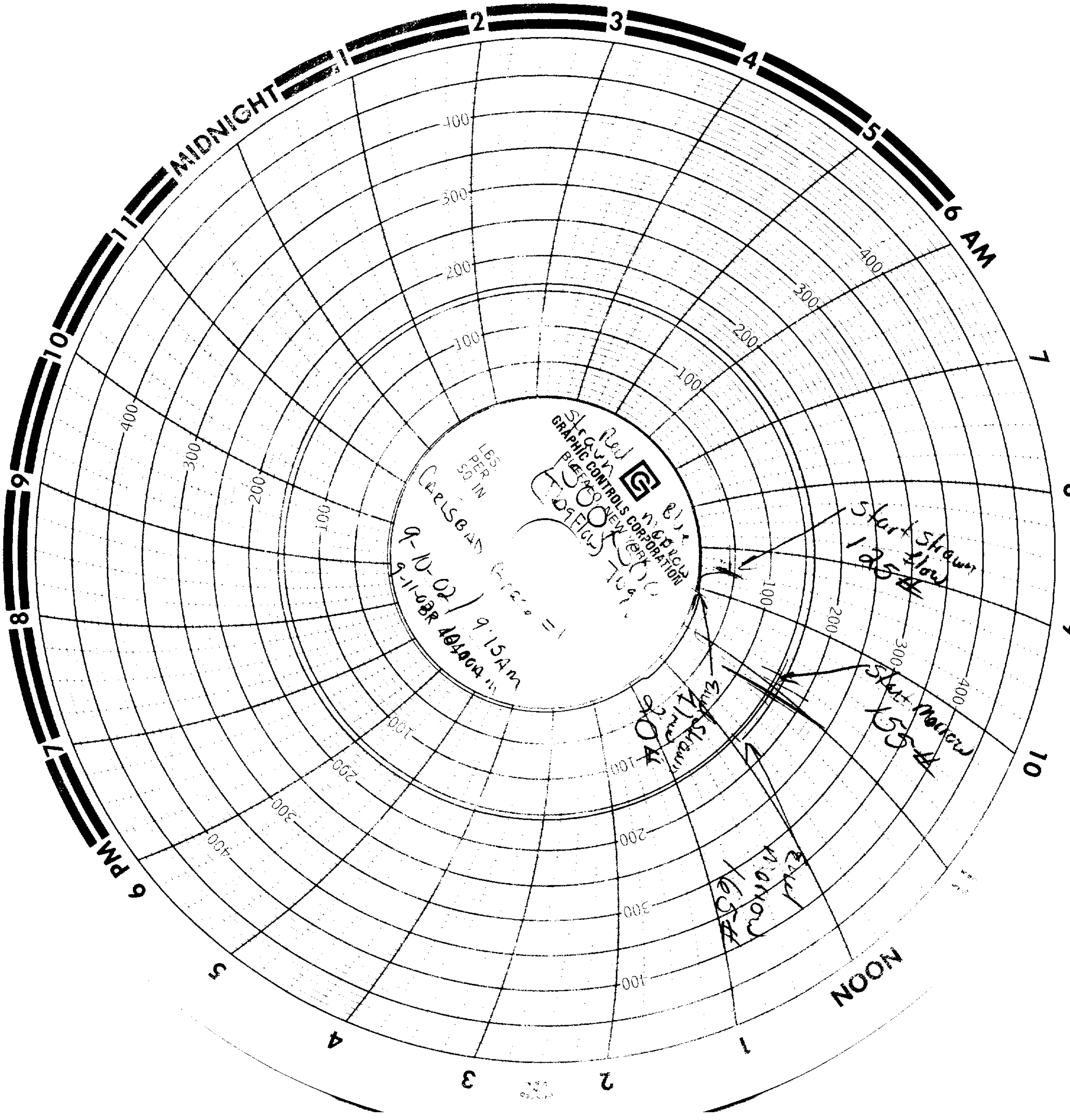
OCD - ARTESIA


GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
LBS. PER SQ. IN.
MIDNIGHT
6 AM
NOON
6 PM
Carlsbad
9-10-02 / 9:15AM
9-11-02
Start Shrawn flow 125#
Start Marrow 153#
End Shrawn 120#
End Morrow 163#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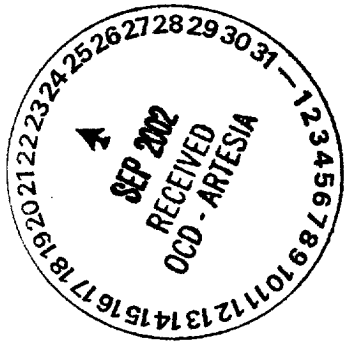
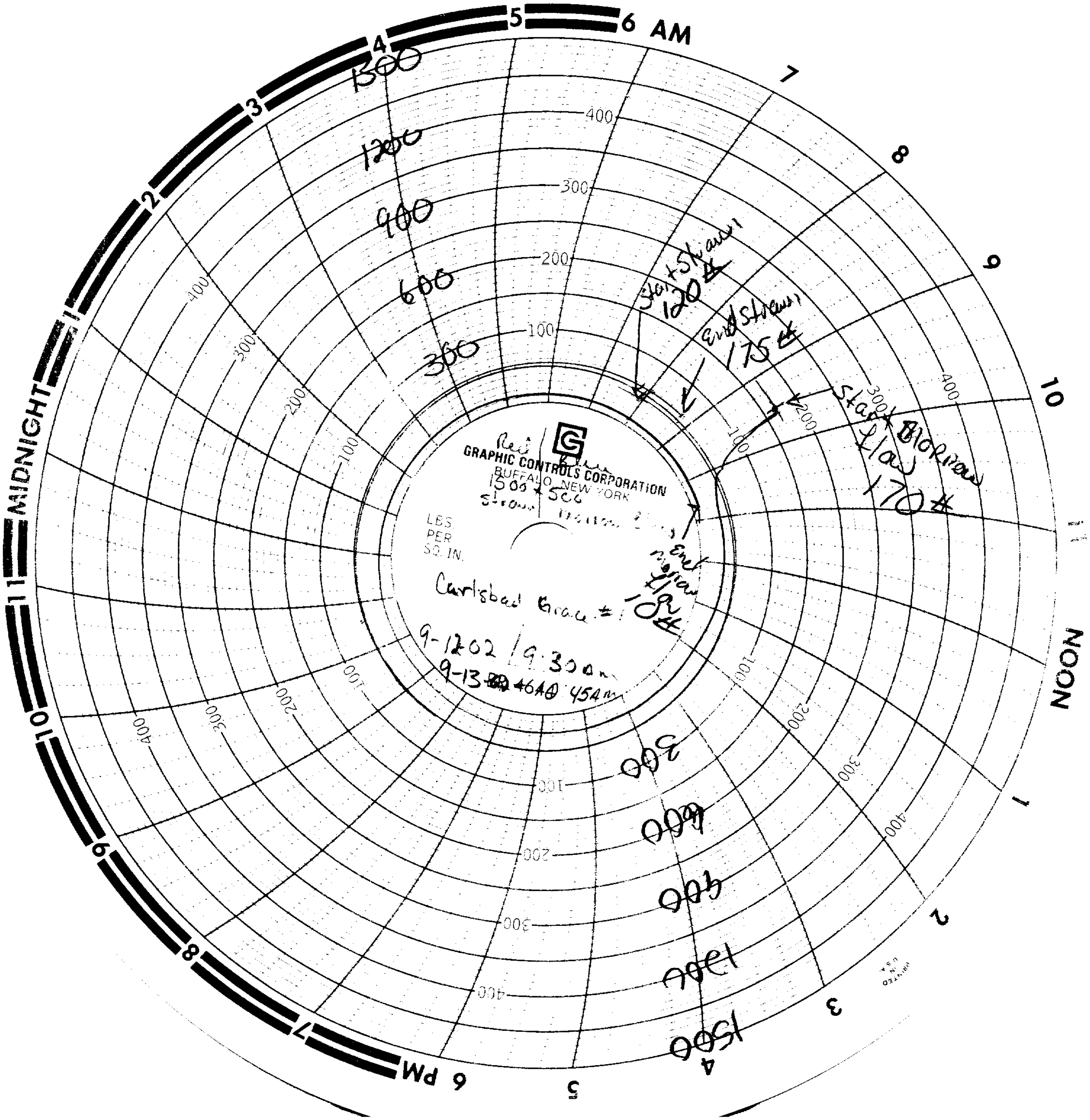
OCD - ARTESIA

MIDNIGHT
1
2
3
4
5
6 AM
7
8
9
10
11
NOON
1
2
3
4
5
6 PM
7
8
9
10
11
100
200
300
400
GRAPHIC CONTROLS CORPORATION
BUFFALO NEW YORK


SEP 2002
RECEIVED
OCD - ARTESIA


GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
LBS. PER SQ. IN.
6 AM
7
8
9
10
NOON
1
2
3
4
5
6 PM
7
8
9
10
11
MIDNIGHT
1
2
3
4
5
100
200
300
400
300
600
900
1200
1500
Start Stream 120 #
End Stream 175 #
170 #
Carlsbad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