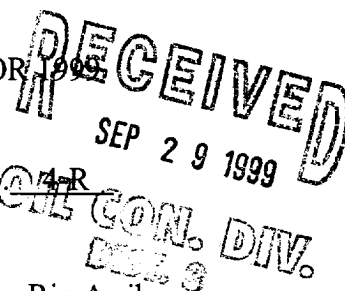


OIL CONSERVATION DIVISION

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST FOR 1999



Operator Caulkins Oil Company

Lease SANCHEZ Well No. 4-R

Location

of Well: Unit F Sec. 25 Twp. 26N Rge. 6W County Rio Arriba

	NAME OF RESERVOIR OR POOL	TYPE OF PROD.	METHOD OF PROD. (Flow or Art. Lift)	PROD. MEDIUM (Tbg. or Csg.)
Upper Compl.	CHACRA - PICTURED CLIFFS	Gas	Flow	Tubing
Lower Comp.	DAKOTA - MESA VERDE	Gas	Flow	Tubing

PRE-FLOW SHUT-IN PRESSURE DATA

Upper Comp.	Hour, date shut-in 9-14-99	Length of time shut-in 9 days	SI press. psig 198	Stablized?(Yes or No) Yes
Lower Comp.	Hour, date shut-in 9-14-99	Length of time shut-in 9 days	SI press. psig 291	Stablized?(Yes or No) Yes

FLOW TEST NO. 1

Commenced at (hour, date)* 10:30 am 9-23-99				Zone producing (Upper or Lower):	
TIME (hour, date)	LAPSED TIME SINCE*	PRESSURE Upper Comp. Lower Comp.		PROD. ZONE TEMP.	REMARKS
10:45 am 9-23-99	15 min.	200	50	60	Lower Flowing - Upper Shut-In
11:00am 9-23-99	30 min.	200	42	60	Lower Flowing - Upper Shut-In
11:15 am 9-23-99	45 min.	200	42	60	Lower Flowing - Upper Shut-In
11:30 am 9-23-99	1 hr.	201	43	60	Lower Flowing - Upper Shut-In
12:30 pm 9-23-99	2 hrs.	201	39	60	Lower Flowing - Upper Shut-In
1:30 pm 9-23-99	3 hrs.	201	37	60	Lower Flowing - Upper Shut-In

Production rate during test

Oil: _____ BOPD based on _____ Bbls. in _____ Hours _____ Grav. _____ GOR _____

Gas: _____ MCFPD: Tested thru (Orifice or Meter): _____

MID-TEST SHUT-IN PRESSURE DATA

Upper Comp.	Hour, date shut-in	Length of time shut-in	SI press. psig	Stablized?(Yes or No)
Lower Comp.	Hour, date shut-in	Length of time shut-in	SI press. psig	Stablized?(Yes or No)

(Continue on reverse side)

FLOW TEST NO. 2

Commenced at (hour, date)*				Zone producing (Upper or Lower):	
TIME (hour, date)	LAPSED TIME SINCE*	PRESSURE		PROD. ZONE TEMP.	REMARKS
		Upper Comp.	Lower Comp.		

Production rate during test

Oil: _____ BOPD based on _____ Bbls. in _____ Hours _____ Grav. _____ GOR _____

Gas: _____ MCFPD: Tested thru (Orifice or Meter): _____

Remarks: _____

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

SEP 29 1999

Approval _____ 19 _____ Operator _____ Caulkins Oil Company

New Mexico Oil Conservation Division

By _____ ORIGINAL SIGNED BY CHARLIE T. PERRIN

By Robert L. Vergara

By _____

Title SuperintendentTitle DEPUTY OIL & GAS INSPECTOR, DIST. #3Date September 24, 1999**NOTE:** This format is in lieu of Oil Conservation Division, Packer Leakage Tests Form.