

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

30-005-62653

|                  |                           |      |                            |                                |                            |  |            |   |
|------------------|---------------------------|------|----------------------------|--------------------------------|----------------------------|--|------------|---|
| Operator         | YATES Petroleum Corp      |      |                            | Lease                          | TERRA 35 ST.               |  | Well No.   | 1 |
| Location of Well | Unit                      | Sec. | Twp                        | Rge                            | County                     |  |            |   |
|                  | H                         | 35   | 9S                         | 26E                            | CHAUS                      |  |            |   |
|                  | 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      | AQUONIAN                  |      | GAS                        | Flow                           | TBG                        |  | 24/64      |   |
| Lower Compl      | Wolf Camp                 |      | GAS                        | Flow                           | CSG                        |  | 24/64      |   |

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:00 AM 10-6-04

|                                                                 |                                                              |                          |                  |
|-----------------------------------------------------------------|--------------------------------------------------------------|--------------------------|------------------|
| Well opened at (hour, date):                                    | 1:00 PM 10-6-04                                              | Upper Completion         | Lower Completion |
| Indicate by ( X ) the zone producing.....                       |                                                              | X                        |                  |
| Pressure at beginning of test.....                              |                                                              | 180                      | 360              |
| Stabilized? (Yes or No).....                                    | RECEIVED                                                     | YES                      | YES              |
| Maximum pressure during test.....                               | OCT 21 2004                                                  | 180                      | 480              |
| Minimum pressure during test.....                               | OCT-ARTESIA                                                  | 145                      | 360              |
| Pressure at conclusion of test.....                             |                                                              | 150                      | 480              |
| Pressure change during test (Maximum minus Minimum).....        |                                                              | 35                       | 120              |
| Was pressure change an increase or a decrease?.....             |                                                              | DECREASE                 | INCREASE         |
| Well closed at (hour, date):                                    | 2:15 PM 10-7-04                                              | Total Time On Production | 25 1/4 HRS.      |
| Oil Production                                                  | Gas Production                                               |                          |                  |
| During Test: <input checked="" type="radio"/> bbls; Grav. _____ | During Test: <input checked="" type="radio"/> MCF; GOR _____ |                          |                  |

Remarks \_\_\_\_\_

FLOW TEST NO. 2

|                                                                 |                                 |                          |                  |
|-----------------------------------------------------------------|---------------------------------|--------------------------|------------------|
| Well opened at (hour, date):                                    | 3:30 PM 10-7-04                 | Upper Completion         | Lower Completion |
| Indicate by ( X ) the zone producing.....                       |                                 |                          | X                |
| Pressure at beginning of test.....                              |                                 | 165                      | 480              |
| Stabilized? (Yes or No).....                                    |                                 | YES                      | YES              |
| Maximum pressure during test.....                               |                                 | 245                      | 480              |
| Minimum pressure during test.....                               |                                 | 165                      | 160              |
| Pressure at conclusion of test.....                             |                                 | 245                      | 165              |
| Pressure change during test (Maximum minus Minimum).....        |                                 | 80                       | 320              |
| Was pressure change an increase or a decrease?.....             |                                 | INCREASE                 | DECREASE         |
| Well closed at (hour, date):                                    | 3:35 PM 10-8-04                 | Total time on Production | 24 HRS.          |
| Oil production                                                  | Gas Production                  |                          |                  |
| During Test: <input checked="" type="radio"/> bbls; Grav. _____ | During Test: 524 MCF; GOR _____ |                          |                  |

Remarks \_\_\_\_\_

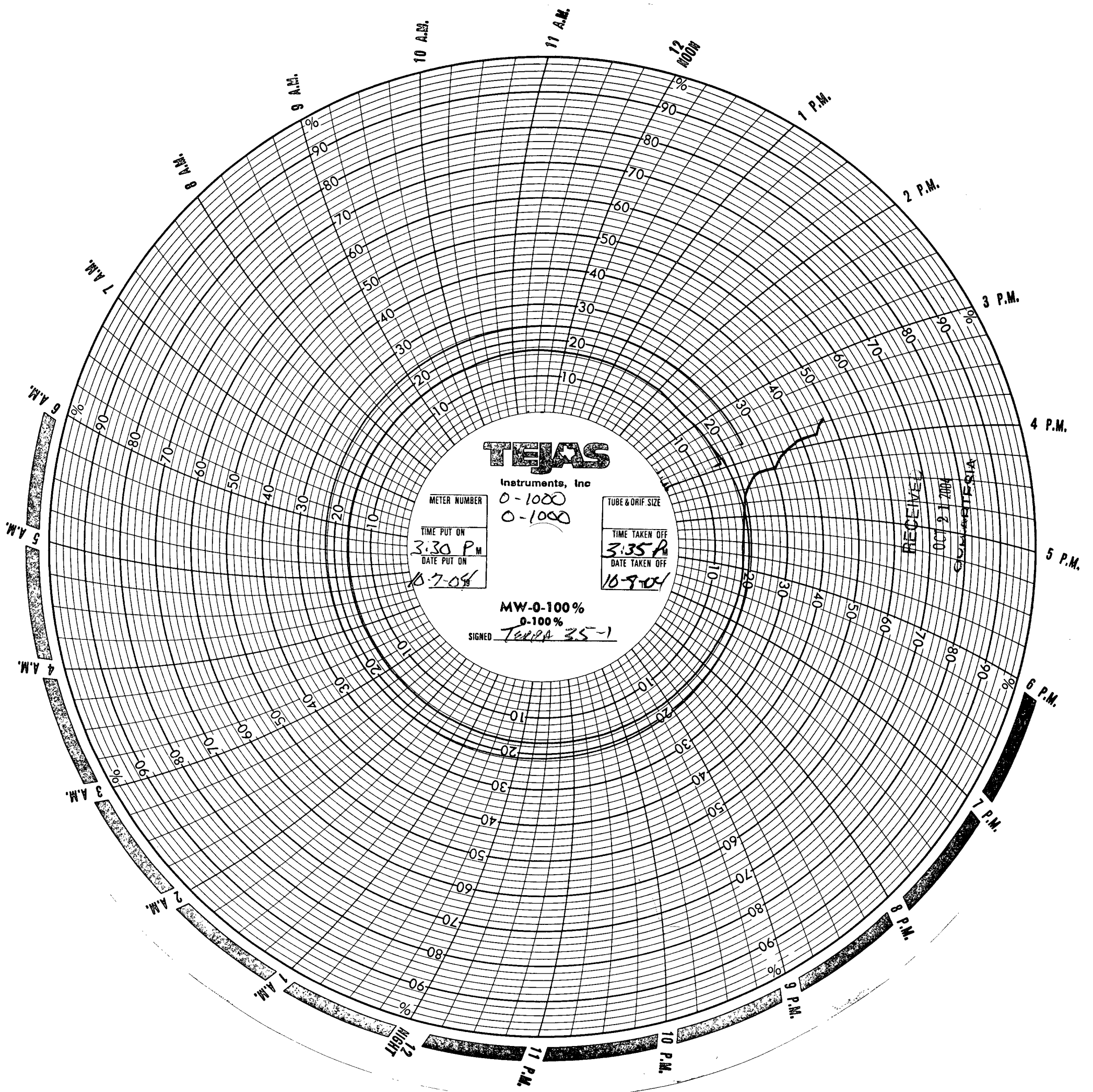
OPERATOR CERTIFICATE OF COMPLIANCE

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

YATES Petroleum Corp.  
Operator  
Signature  
Jeff Deck  
Printed Name  
10-13-04  
Title  
Measure and Tech II  
305/632-9874

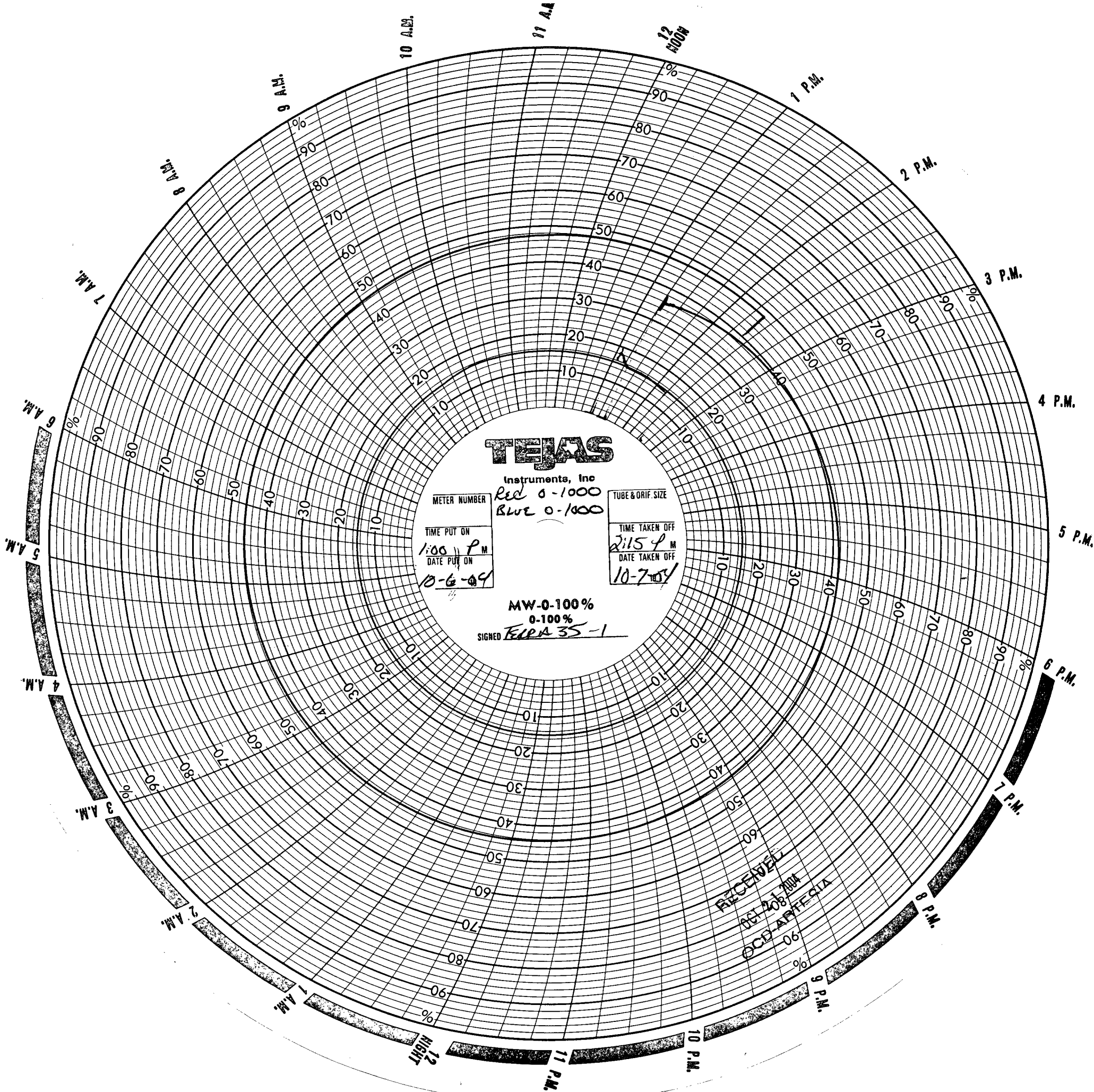
OIL CONSERVATION DIVISION

Date Approved OCT 21 2004  
By  
Title  
Field Rep II



Flow TBg Blue =  
Shut in Csg. Red

23"  
165"  
165'



CSG Flaw  
TBG - Shot Fu