This form is <u>not</u> to be used For reporting Packer Leakage Test in Northwest New Mexico

Operator Devon Louisiana Corporation

Location Of Well: Unit 89101239C

NEW MEXICO OIL CONSERVATION DIVISION SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Revised June 9, 2003

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Well

Lease Burton Flat Deep UnitNo.

Township T20S Range R28E County Eddy

OUTHEAST NEW MEXICO PACKER LEAKAO 30-015-20835

34

Sec.

Name of Reservoir or Pool Type of Method of Prod. Prod. Medium Choke Size (Flow Art. Lift) Prod. (Tbg. Or Cag.) (Oil or Gas) Upper TBG Completion Strawn Flow Gas Lower TBG Completion Morrow Gas Flow FLOW TEST NO. 1 Both zones shut-in at (hour, date): 10/11/2004 3:50pm Upper Lower Well opened at (hour, date): _____10/12/2004 3:30pm Completion Completion Indicate by (X) the zone producing. XXX 150# 424# Pressure at beginning of test. Stabilized? (Yes or No)..... Yes No 150# 624# Maximum pressure during test..... 424# 37# Minimum pressure during test. RECEIVED Pressure at conclusion of test. 37# 624# Pressure change during test (Maximum minus Minimum). 113# 200# Decrease Increase Was pressure change an increase or a decrease? Total Time On Well closed at (hour, date): 10/13/2004 2:05pm Production ___ _22hrs 35 min Oil Production **Gas Production** ___; During Test ___ 62.0 MCF; GOR ____ 0 bbls; Grav. During Test: Remarks: FLOW TEST NO. 2 Both zones shut-in at (hour, date): 10/13/2004 2:05pm Upper Lower Well opened at (hour, date): 10/14/2004 2:00pm Completion Completion XXX Indicate by (X) the zone producing.... Pressure at beginning of test..... 150# 800# Stabilized? (Yes or No)..... Yes No 800# Maximum pressure during test.... 155# Minimum pressure during test..... 150# 40# Pressure at conclusion of test. 44# 150# 760# Pressure change during test (Maximum minus Minimum).... 5# Was pressure change an increase or a decrease? Increase Decrease Total Time On Well closed at (hour, date): 10/15/2004 2:50pm Production ____ 24 hrs 50 min Oil Production Gas Production 0 ____bbls; Grav. ____ $^{34.9}$ MCF; GOR _ During Test: _; During Test __ Remarks: I hereby certify that the information herein contained is true and complete to the best of my knowledge. OC 1 2 7 2004 Operator Wildcat Measurement Service New Mexico Oil Conservation Division By Allenda Title Don Norman/Technician By . Title __ E-mail Address Date 10/24/2004







