

NEW MEXICO OIL CONSERVATION DIVISION
SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Revised 11/23/11

Operator YATES Petroleum Corp. Well API # 30-005-63287
Location Of Well: Unit L Section 33 Township 9 S Range 26 E County CHAVES
Well Name & No. ALLIED AUS St. Com 2

	Name of Reservoir or Pool	Type of Prod. (Oil or Gas)	Method of Prod. (Flow Art. Lift)	Prod. Medium (Tbg. Or Cag.)	Choke Size
Upper Completion	<u>Wolfcamp</u>	<u>GAS</u>	<u>Flow</u>	<u>CSG</u>	<u>12/64</u>
Lower Completion	<u>ORDOVICIAN</u>	<u>GAS</u>	<u>Art. Lift</u>	<u>TBG</u>	<u>24/64</u>

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 6:00 pm 10-8-13

	Upper Completion	Lower Completion
Well opened at (hour, date): <u>8:00 pm 10-8-13</u>		
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>105</u>	<u>130</u>
Stabilized? (Yes or No).....	<u>YES</u>	<u>YES</u>
Maximum pressure during test.....	<u>290</u>	<u>195</u>
Minimum pressure during test.....	<u>105</u>	<u>80</u>
Pressure at conclusion of test.....	<u>290</u>	<u>80</u>
Pressure change during test (Maximum minus Minimum).....	<u>185</u>	<u>115</u>
Was pressure change an increase or a decrease?.....	<u>INCREASE</u>	<u>DECREASE</u>
Well closed at (hour, date): <u>10:00 AM 10-9-13</u>	Total Time On Production <u>14 HRS.</u>	
Oil Production <u>0</u> bbls; Grav. _____	Gas Production <u>9</u> MCF; GOR <u>N/A</u>	
During Test: _____		
Remarks: _____		

FLOW TEST NO. 2

Both zones shut-in at (hour, date): 10:00 AM 10-9-13

	Upper Completion	Lower Completion
Well opened at (hour, date): <u>10:15 AM 10-9-13</u>		
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>295</u>	<u>85</u>
Stabilized? (Yes or No).....	<u>YES</u>	<u>YES</u>
Maximum pressure during test.....	<u>295</u>	<u>425</u>
Minimum pressure during test.....	<u>100</u>	<u>85</u>
Pressure at conclusion of test.....	<u>120</u>	<u>410</u>
Pressure change during test (Maximum minus Minimum).....	<u>195</u>	<u>340</u>
Was pressure change an increase or a decrease?.....	<u>DECREASE</u>	<u>INCREASE</u>
Well closed at (hour, date): <u>6:15 10-9-13</u>	Total Time On Production <u>8 HRS.</u>	
Oil Production <u>0</u> bbls; Grav. _____	Gas Production <u>8</u> MCF; GOR <u>N/A</u>	
During Test: _____		
Remarks: _____		

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

Approved _____ 20 _____
New Mexico Oil Conservation Division

By Accepted for record
NMOCD
Title _____

Operator YATES Petroleum Corp.

By JEFF DECK

Title Measurement Tech II

E-mail Address jdeck@nmoconservation.net

Date 10-9-2013



