

NEW MEXICO OIL CONSERVATION DIVISION
SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Revised June 9, 2003

Operator Murchison Oil & Gas, Inc. Lease Maralo Federal Well No. 1
Location Of Well: Unit _____ Section 22 Township T17S Range R27E County Eddy

	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	Atoka	None	None	CSG	
Lower Completion	Morrow	Gas	Lift	TBG	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10/05/2005 11:05am

Well opened at (hour, date): 10/06/2005 11:15am

Indicate by (X) the zone producing.....

Pressure at beginning of test.....	Upper Completion 1430#	Lower Completion XXX
Stabilized? (Yes or No).....	Yes	Yes
Maximum pressure during test.....	1436#	390#
Minimum pressure during test.....	1418#	100#
Pressure at conclusion of test.....	1436#	135#
Pressure change during test (Maximum minus Minimum).....	18#	290#
Was pressure change an increase or a decrease?.....	Increase	Decrease

Well closed at (hour, date): 10/07/2005 11:15am Total Time On Production 24 hours

Oil Production _____ Gas Production _____

During Test: 0 bbls; Grav. _____; During Test 137.6 MCF; GOR _____

Remarks: Atoka zone is not hooked up or produced

FLOW TEST NO. 2

Both zones shut-in at (hour, date): _____

Well opened at (hour, date): _____

Indicate by (X) the zone producing.....

Pressure at beginning of test.....	Upper Completion	Lower Completion
Stabilized? (Yes or No).....		
Maximum pressure during test.....		
Minimum pressure during test.....		
Pressure at conclusion of test.....		
Pressure change during test (Maximum minus Minimum).....		
Was pressure change an increase or a decrease?.....		

Well closed at (hour, date): _____ Total Time On Production _____

Oil Production _____ Gas Production _____

During Test: _____ bbls; Grav. _____; During Test _____ MCF; GOR _____

Remarks: _____

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

Approved 10-31 2005
New Mexico Oil Conservation Division

By [Signature]
Title DFI

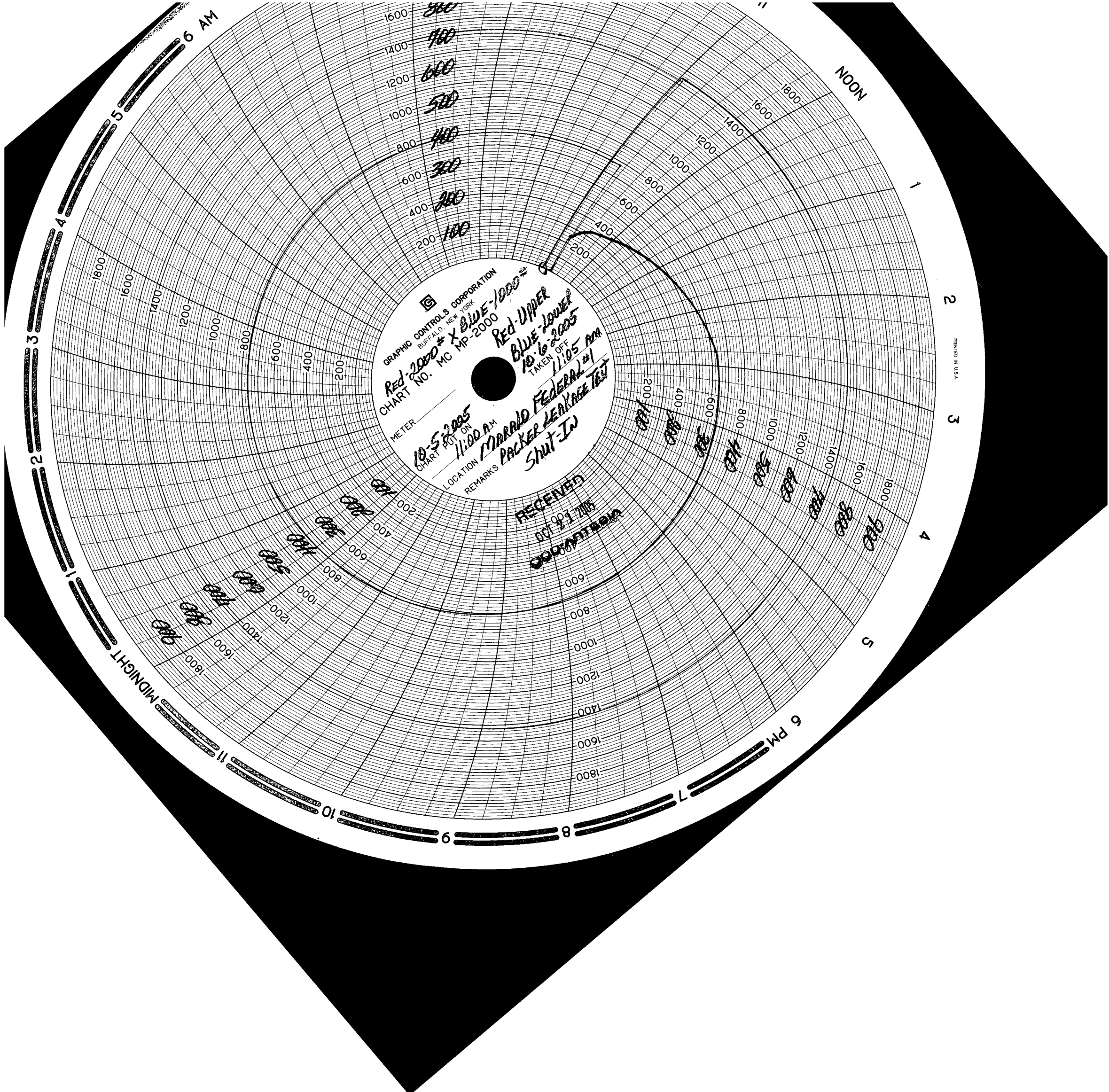
Operator Wildcat Measurement Service

By [Signature]

Title Don Norman/Technician

E-mail Address _____

Date 10/20/2005



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
Red-2000 # X BLUE-1000 #
CHART NO. MC MP-2000
TAKEN OFF
10-5-2005
MARALD FEDERAL #1
PACKER LEAKAGE TEST
SHUT-IN

RECEIVED
OCT 21 2005
[Signature]

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