Submit 3 Copies to Appropriate Dist. Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Revised 1-1-89

INSTRUCTIONS ON REVERSE SIDE

This form is not to be used for reporting packer leakage tests in Northwest New Mexico

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

30-015-10268

Operator		Lease		Well No.
Yates Petroleum Corporation		Marathon "AGI" State		1
Location of Well Unit: A	Sec.: 33	Twp: T17S	Rge: R24E	County: Eddy

	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	Wolfcamp	Gas	Flow	CSG	
Lower Compl	Atoka Morrow	None		TBG	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10/06/2003 8:50am

Well opened at (hour, date): 10/07/2003 9:00am

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	XXX	
Pressure at beginning of test	400#	340#
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	400#	340#
Minimum pressure during test	247#	317#
Pressure at conclusion of test	247#	317#
Pressure change during test (Maximum minus Minimum)	153#	23#
Was pressure change an increase or a decrease?	Decrease	Decrease

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Well closed at (hour, date): 10/08/2003 9:30am
Total Time On Production: 24 hours 30 min

Oil Production During Test: 0 bbls; Grav. _____
Gas Production During Test: 35.5 MCF; GOR _____

Remarks: Atoka Morrow is not hooked up, zone is not produced

FLOW TEST NO. 2

Well opened at (hour, date): _____

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		
Pressure at beginning of test		
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 During Test: _____ bbls; Grav. _____;
Gas Production During Test _____ 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 Corporation
Operator

Signature

Don Norman/Wildcat Measurement Ser
Printed Name

Title

10/13/2003
Date

1-888-421-9453

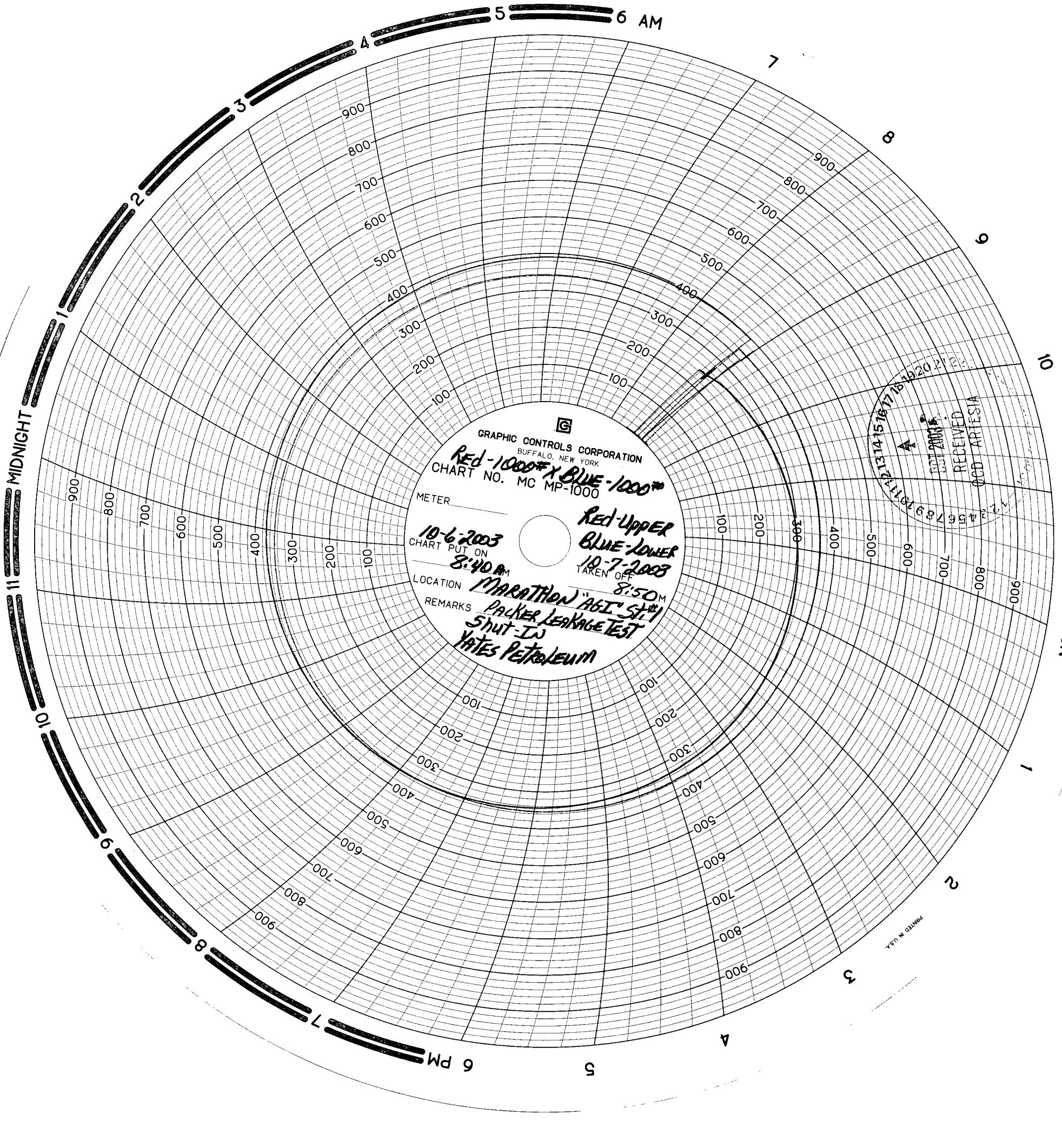
OIL CONSERVATION DIVISION

APPROVED OCT 16 2003

Date Approved _____

By _____

Title Field Rep II


GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
CHART NO. MC MP-1000
METER
Red-1000# X Blue-1000#
Red-Upper
Blue-Lower
10-6-2003
CHART PUT ON
8:40 AM
10-7-2003
TAKEN OFF
8:50 AM
LOCATION MARATHON "AGI" St #1
REMARKS PACKER LEAKAGE TEST
SHUT-IN
YATES PETROLEUM
MIDNIGHT
NOON
6 AM
6 PM
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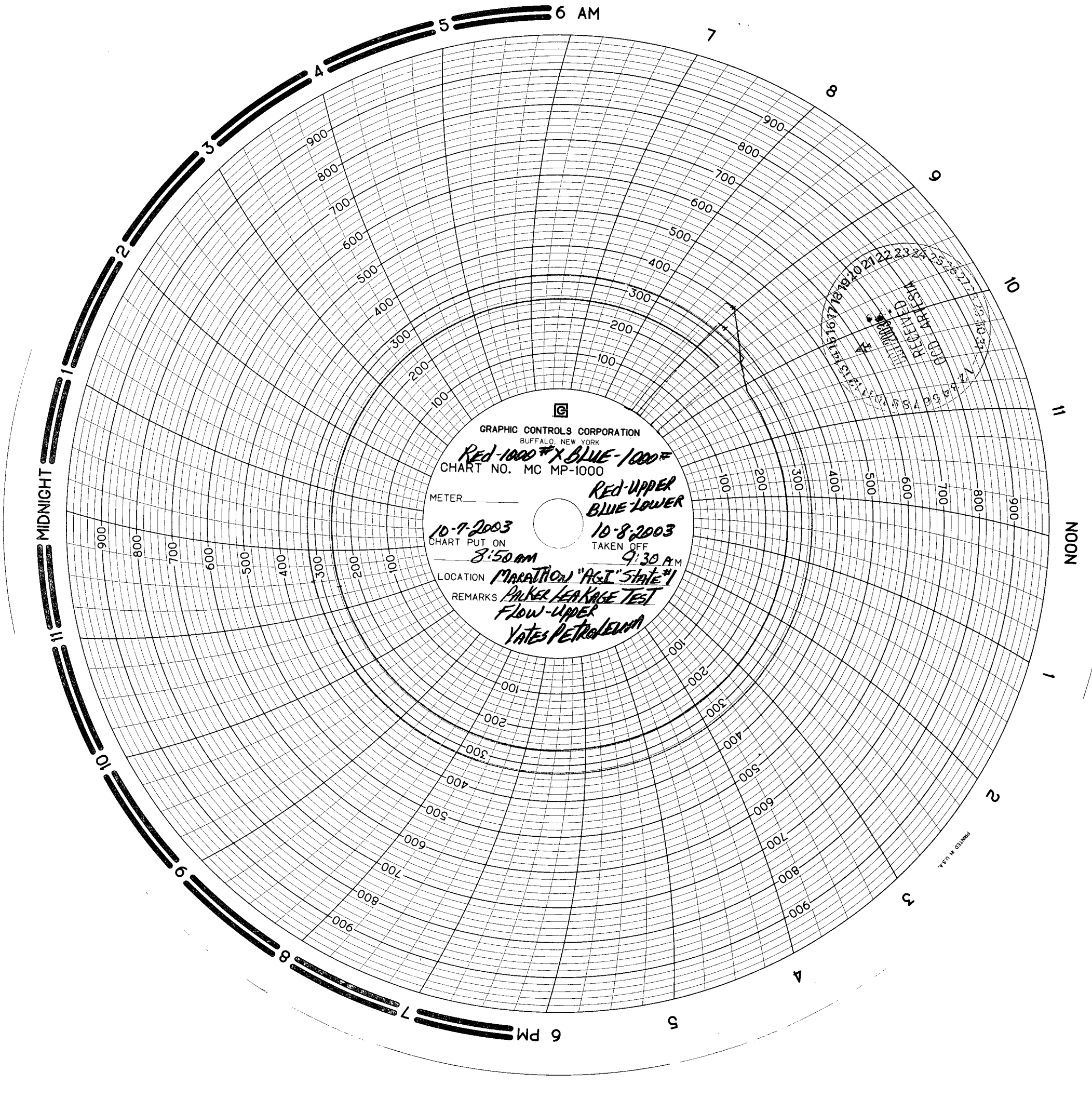
6 AM
NOON
6 PM
MIDNIGHT
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
Red-1000# X BLUE-1000#
CHART NO. MC MP-1000
METER
Red-UPPER
BLUE-LOWER
10-7-2003
CHART PUT ON
8:50 AM
10-8-2003
TAKEN OFF
9:30 AM
LOCATION MARATHON "AGI" State #1
REMARKS PARKER LEAKAGE TEST
FLOW-UPPER
YATES PETROLEUM
RECEIVED
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