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

30-015-20573

Operator				Lease			Well No.
Lynx Operating				Carlsbad Gracest			1
Location of Well	Unit T	Sec. 36	Twp 22S	Rge 26E		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	Strawn	Gas	Comp	Tbg	Open
Lower Compl	Morrow	Gas	Comp	Tbg	Open

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:45Am / 10-6-03

Well opened at (hour, date): 10:40 Am / 10-7-03

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	220	180
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	220	180
Minimum pressure during test	20	180
Pressure at conclusion of test	20	180
Pressure change during test (Maximum minus Minimum)	200	0
Was pressure change an increase or a decrease?	Decrease	Stable

Well closed at (hour, date): 10:40Am / 10-8-03 Total Time On Production 24 Hrs.

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

Remarks No Indication of Packer Leak.

FLOW TEST NO. 2

Well opened at (hour, date): 10:35am / 10-9-03

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	235	180
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	270	180
Minimum pressure during test	235	20
Pressure at conclusion of test	270	20
Pressure change during test (Maximum minus Minimum)	35	160
Was pressure change an increase or a decrease?	Increase	Decrease

Well closed at (hour, date) 10:30am / 10-10-03 Total time on Production 24 Hrs.

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

Remarks No Indication of A Packer Leak.

OPERATOR CERTIFICATE OF COMPLIANCE

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

Kelfire Services Inc.
Operator

Julian F Guajardo
Signature

Julian F. Guajardo Tester
Printed Name Title

10-15-03 748-3759
Date Telephone No.

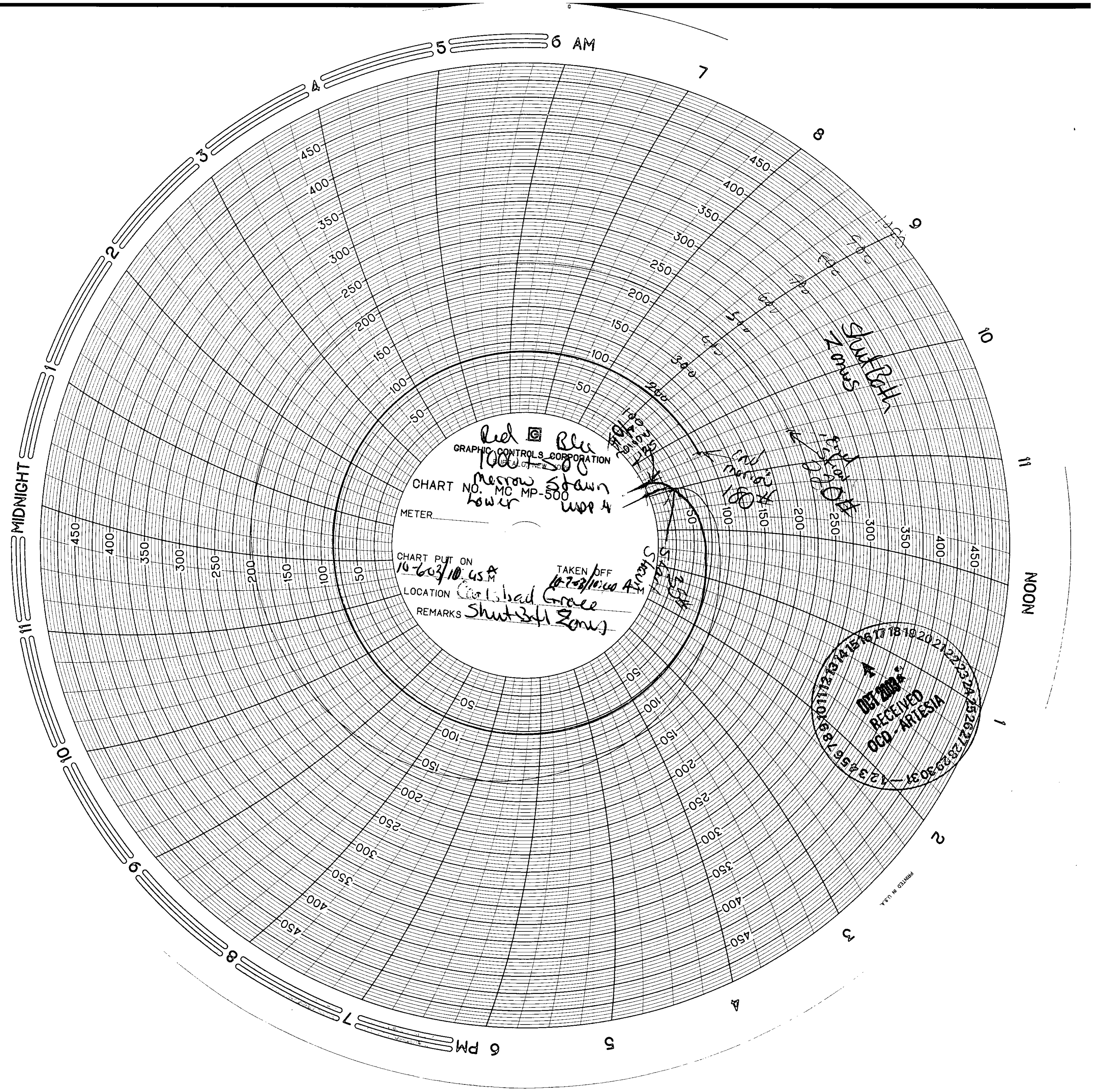
OIL CONSERVATION DIVISION

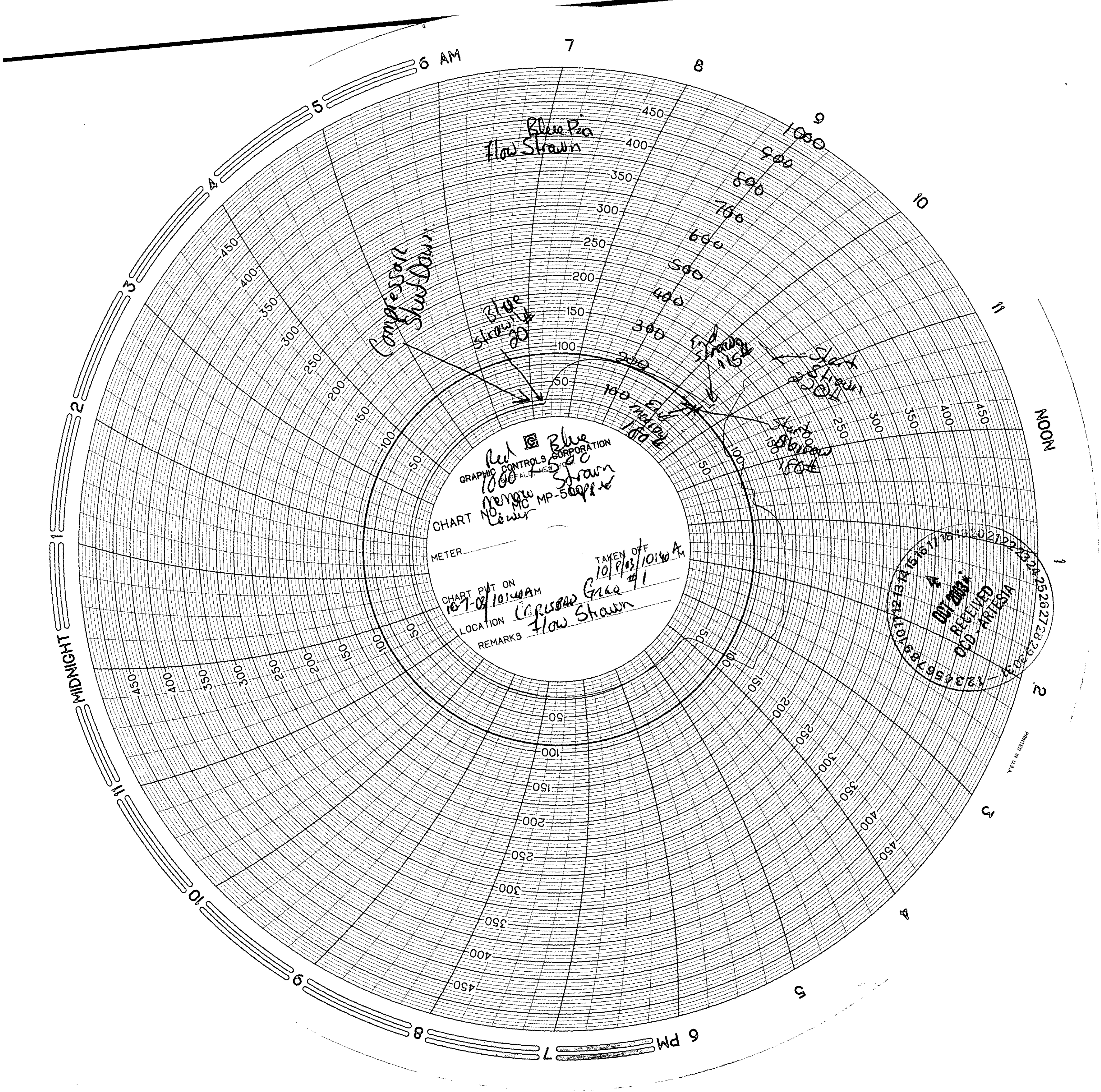
APPROVED OCT 16 2003

Date Approved _____

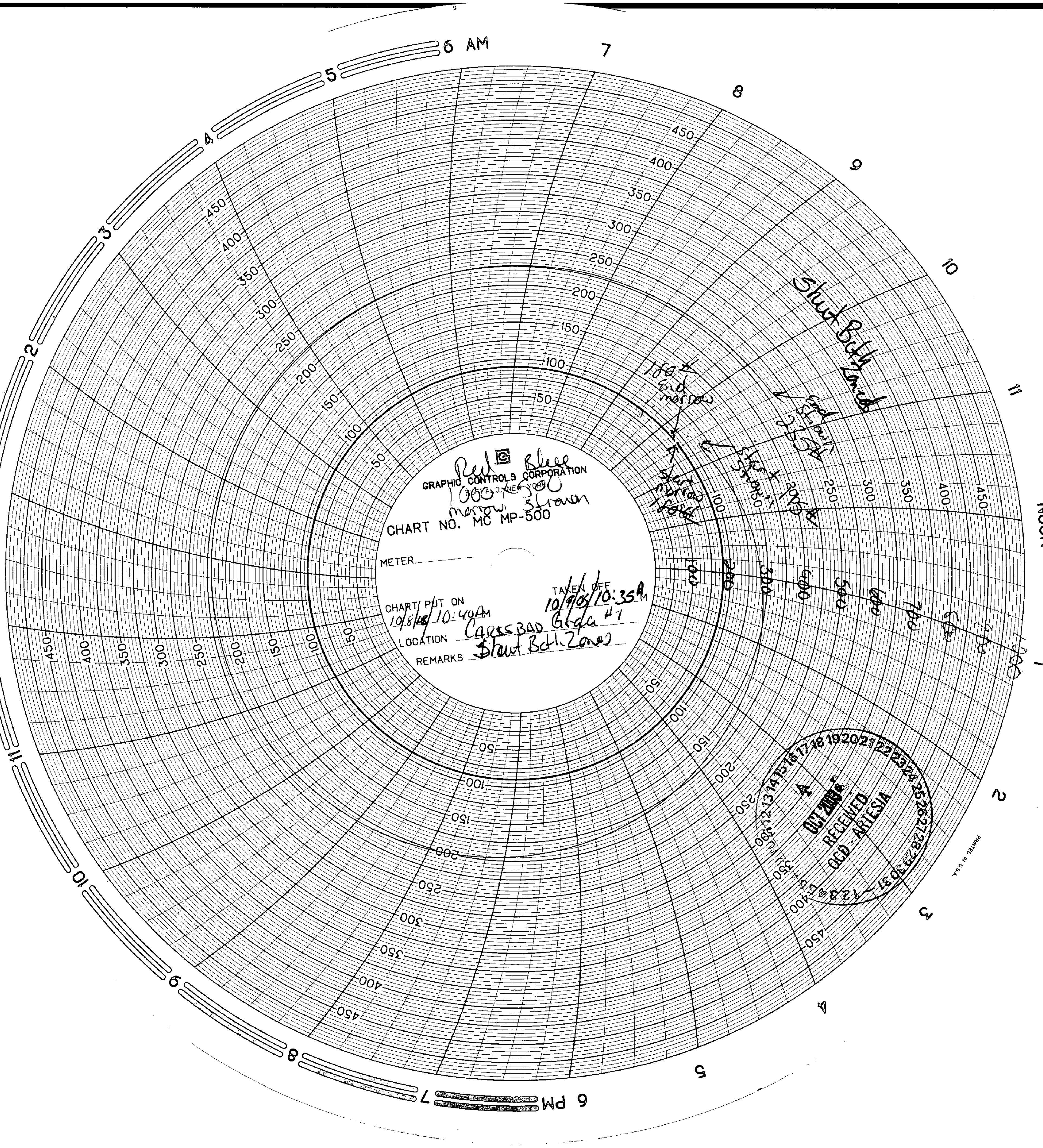
By _____

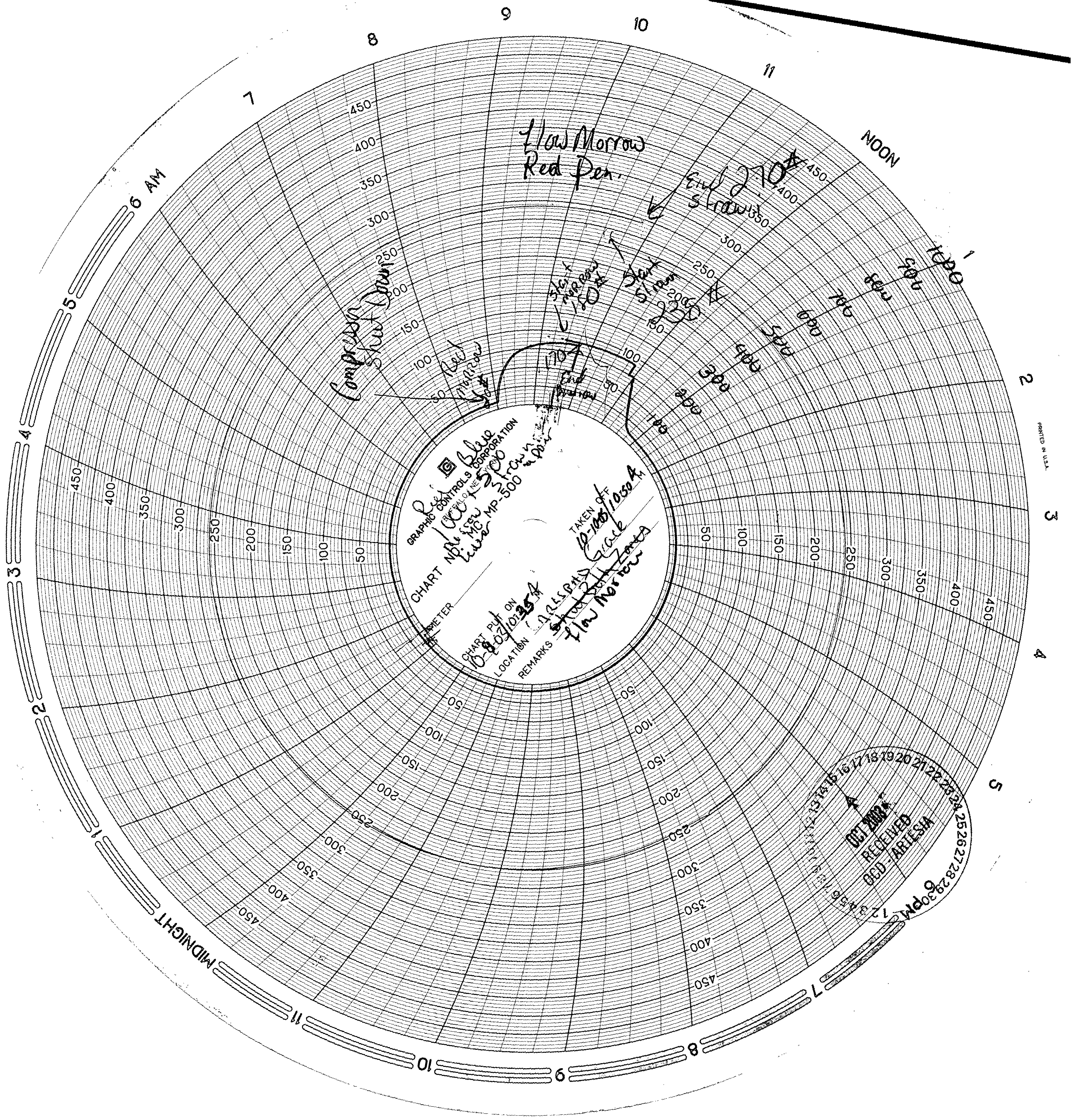
Title Field Rep II


GRAPHIC CONTROLS CORPORATION
CHART NO. MC MP-500
METER
CHART PUT ON
10-6-03/10:45 AM
TAKEN OFF
10-7-03/10:00 AM
LOCATION Carlsbad Grace
REMARKS Shut 3+4 Zones
Red
Blu
1000 + 500
Merrow Shawn
Lower
Shut Both
Zones
MIDNIGHT
6 AM
NOON
6 PM
PRINTED IN U.S.A.
RECEIVED
OCD - ARTESIA



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
CHART NO. MC MP-500
METER
TAKEN OFF 10/8/03 10:40 AM
CHART PUT ON 10-7-03 10:40 AM
LOCATION Carlsbad Gas #1
REMARKS Flow Shawn
Red 1000 Blue 500
Compressor Shut Down
Blue Pen Flow Shawn
Start Shawn
End
PRINTED IN U.S.A.
RECEIVED
OCT 2003
OCD - ARTESIA
6 AM
NOON
6 PM
MIDNIGHT


GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
CHART NO. MC MP-500
METER
CHART PUT ON 10/8/05 10:40AM
TAKEN OFF 10/9/05 10:35AM
LOCATION Carlsbad Grda #1
REMARKS Shut Both Zones
Red Blue
1000 x 500
morrow strawn
Shut Both Zones
Start morrow 180#
End morrow 180#
Start strawn 150
End strawn 235#
200#
MIDNIGHT
6 AM
NOON
6 PM
RECEIVED
OCT 2005
OCD - ARTESIA
PRINTED IN U.S.A.



GRAPHIC CONTROLS CORPORATION
CHART NO. MC MP-500
METER
CHART PUT ON
LOCATION
REMARKS
TAKEN OFF
Flow Morrow
Red Pen.
Compressor Shut Down
NOON
MIDNIGHT
6 AM
6 PM
RECEIVED
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