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Appropriate Dist. Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Revised 1-1-89

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

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

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

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

30-015-20868

Operator Marbob Energy Corporation			Lease State "QQ" Com			Well No. 1		
Location of Well	Unit C	Sec. 17	Twp T23S	Rge R27E	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	Atoka		None		CSG			
Lower Compl	Morrow		Gas	Flow	TBG			

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10/01/2003 10:05am

Well opened at (hour, date): 10/02/2003 10:05am

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		XXX
Pressure at beginning of test.....	13#	353#
Stabilized? (Yes or No).....	Yes	Yes
Maximum pressure during test.....	13#	353#
Minimum pressure during test.....	13#	84#
Pressure at conclusion of test.....	13#	84#
Pressure change during test (Maximum minus Minimum).....	0#	269#
Was pressure change an increase or a decrease?.....	Stable	Decrease

Well closed at (hour, date): 10/03/2003 10:10am

Oil Production During Test: 0 bbls; Grav. _____

Gas Production During Test: 235.5 MCF; GOR _____

Total Time On Production: 24 hours 5 min

Remarks Atoka Zone is not hooked up there is no production on Atoka Zone

FLOW TEST NO. 2

	Upper Completion	Lower Completion
Well opened at (hour, date):		
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): _____

Oil production During Test: _____ bbls; Grav. _____

Gas Production During Test: _____ MCF; GOR _____

Total time on Production: _____

Remarks _____

OPERATOR CERTIFICATE OF COMPLIANCE

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

Marbob Energy Corporation

Operator

Signature

Don Norman/Wildcat Measurement Ser.

Printed Name

Title

10/13/2003

1-888-421-9453

OIL CONSERVATION DIVISION

APPROVED OCT 15 2003

Date Approved

By

Title



