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

30-015-30623

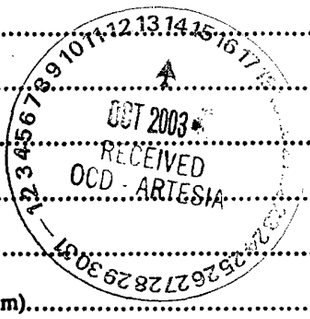
Operator	Yates Petroleum Corporation			Lease	Lucky Wolf "ATB" St. Com		Well No. 1
Location of Well	Unit	Sec. 32	Twp T16S	Rge R27E		County Eddy	
	Name of Reservoir or Pool		Type of Prod. (Oil or Gas)	Method of Prod. Flow, Art Lift	Prod. Medium (Tbg. or Csg)		Choke Size
Upper Compl	Unknown		None		CSG		
Lower Compl	Atoka		Gas	Lift	TBG		

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10/06/2003 12:00pm

Well opened at (hour, date): 10/07/2003 12:40pm

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		XXX
Pressure at beginning of test	76#	447#
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	77#	447#
Minimum pressure during test	76#	300#
Pressure at conclusion of test	77#	300#
Pressure change during test (Maximum minus Minimum)	1#	147#
Was pressure change an increase or a decrease?	Increase	Decrease



Well closed at (hour, date): 10/08/2003 12:10pm Total Time On Production: 23 hours 30 min

Oil Production During Test: 0 bbls; Grav. _____ Gas Production During Test: 38.8 MCF; GOR _____

Remarks: Casing is not hooked up or produced

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) _____ 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 1-888-421-9453
Date

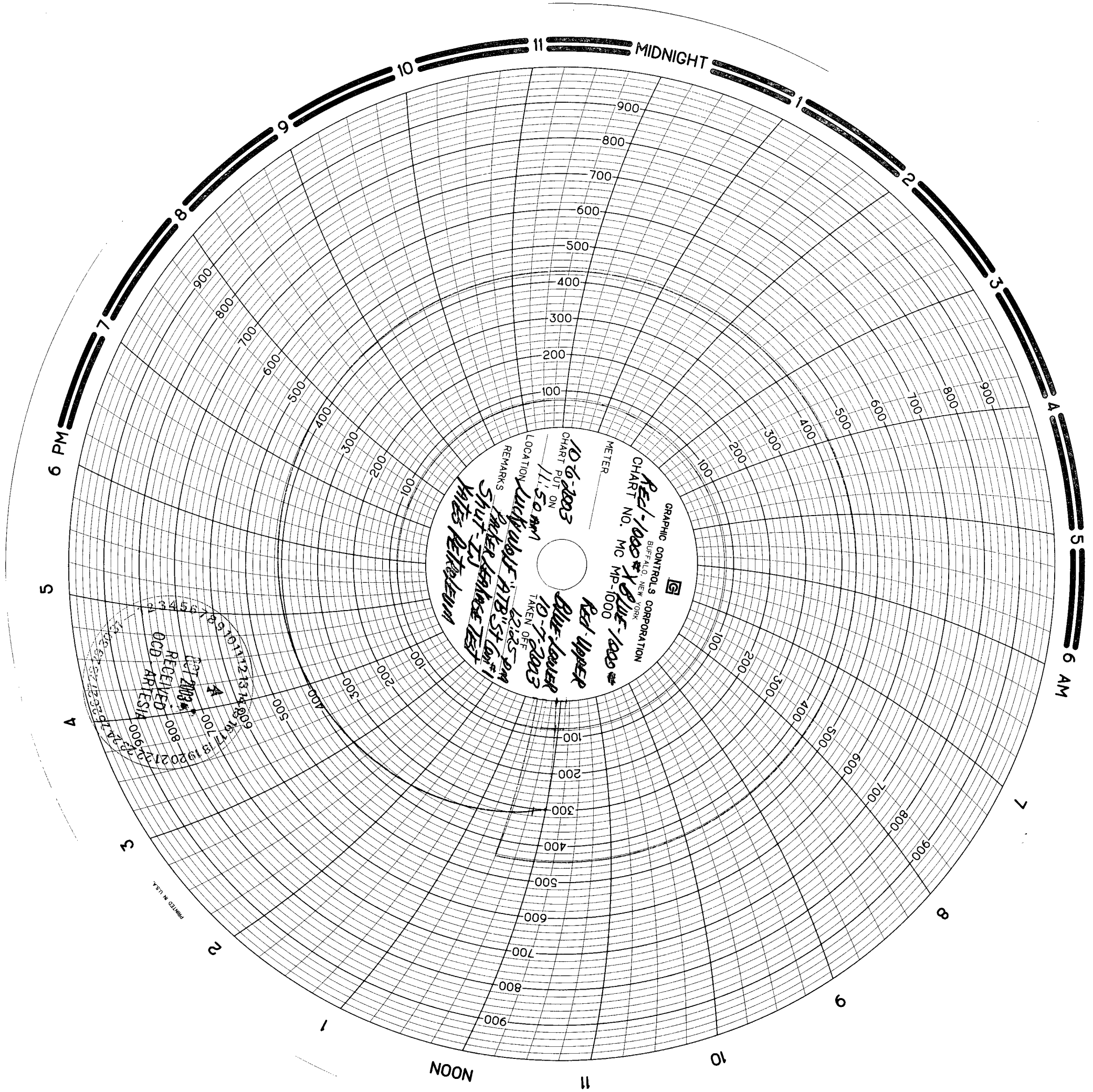
OIL CONSERVATION DIVISION

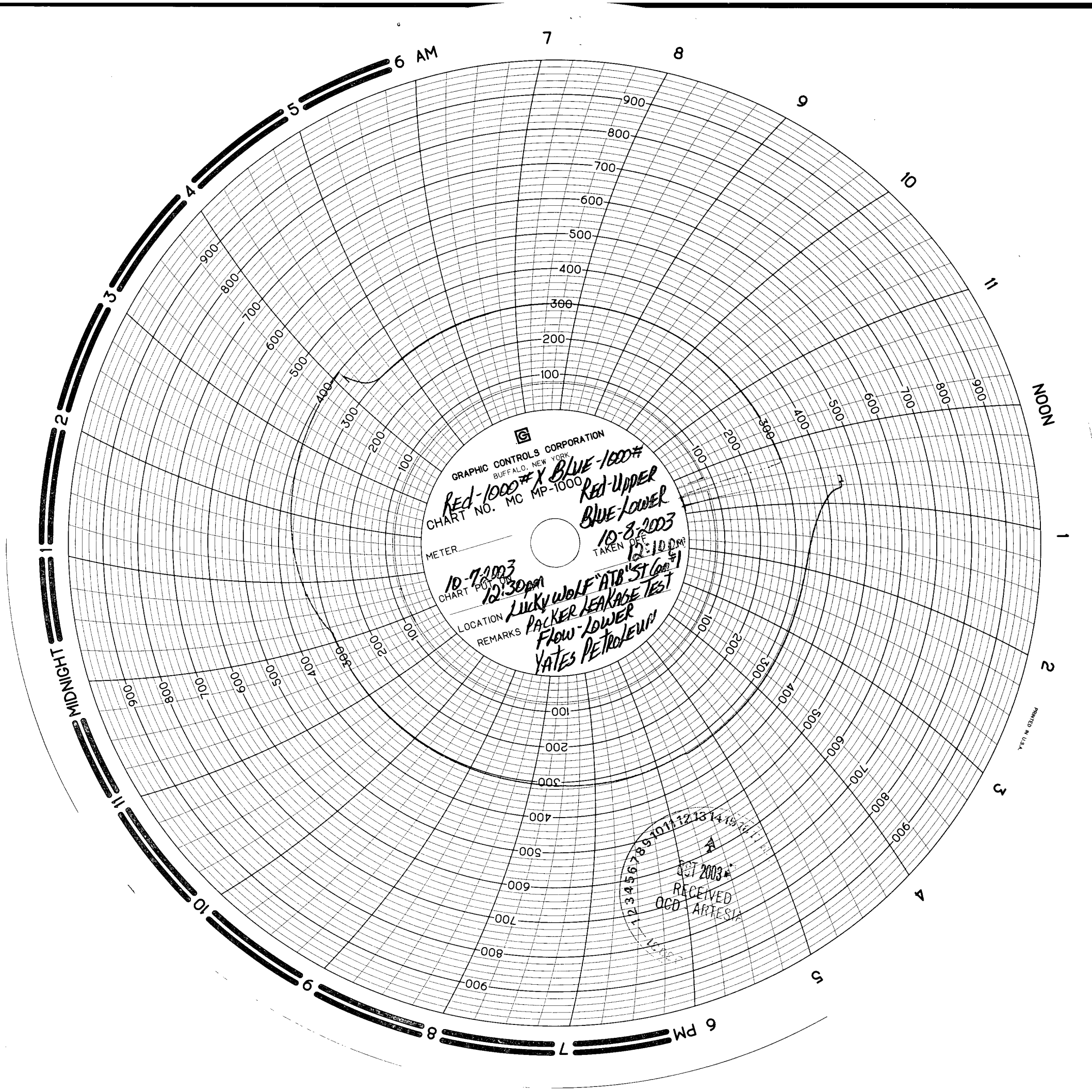
APPROVED OCT 15 2003

Date Approved _____

By _____

Title Field Rep II


MIDNIGHT
NOON
6 PM
6 AM
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
METER
CHART
LOCATION
REMARKS
CHART PUT ON
TAKEN OFF
PRINTED IN U.S.A.


GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
CHART NO. MC MP-1000
METER
Red-1000# X Blue-1000#
Red-Upper
Blue-Lower
10-8-2003
TAKEN OFF 12:10 PM
10-7-2003
CHART PUT ON 12:30pm
LOCATION Lucky Wolf "ATB" St Com #1
REMARKS Packer Leakage Test
Flow-Lower
Yates Petroleum
6 AM
NOON
MIDNIGHT
6 PM
OCT 2003
RECEIVED
OCD
ARTESIA