

Submit 3 Copies to
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

Operator Devon Louisiana Corporation				Lease Parkway West Unit				Well No. 12	
Location of Well	Unit E	Sec. 21	Twp T19S	Rge R29E	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			Gas	Flow	CSG			
Lower Compl	Morrow			Gas	Compressor	TBG			

FLOW TEST NO. 1

Both zones shut-in at (hour, date):	10/13/2003	10:05am		
Well opened at (hour, date):	10/14/2003	12:40pm	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....			XXX	
Pressure at beginning of test.....			710#	290#
Stabilized? (Yes or No).....			Yes	Yes
Maximum pressure during test.....			710#	316#
Minimum pressure during test.....			184#	290#
Pressure at conclusion of test.....			218#	316#
Pressure change during test (Maximum minus Minimum).....			526#	26#
Was pressure change an increase or a decrease?.....			Decrease	Increase
Well closed at (hour, date):	10/15/2003	2:00pm	Total Time On Production	25 hours 20 min.
Oil Production During Test: 0 bbls; Grav. _____			Gas Production During Test	1049.0 MCF; GOR _____

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date):	10/16/2003	2:00pm	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....			XXX	
Pressure at beginning of test.....			905#	332#
Stabilized? (Yes or No).....			Yes	Yes
Maximum pressure during test.....			992#	332#
Minimum pressure during test.....			905#	98#
Pressure at conclusion of test.....			992#	120#
Pressure change during test (Maximum minus Minimum).....			87#	234#
Was pressure change an increase or a decrease?.....			Increase	Decrease
Well closed at (hour, date):	10/17/2003	4:00pm	Total time on Production	26 hours
Oil production During Test: 0 bbls; Grav. _____			Gas Production During Test	606.4 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

Devon Louisiana Corporation

Operator

Signature

Don Norman/Wildcat Measurement Ser.

Printed Name

Title

10/21/2003

1-888-421-9453

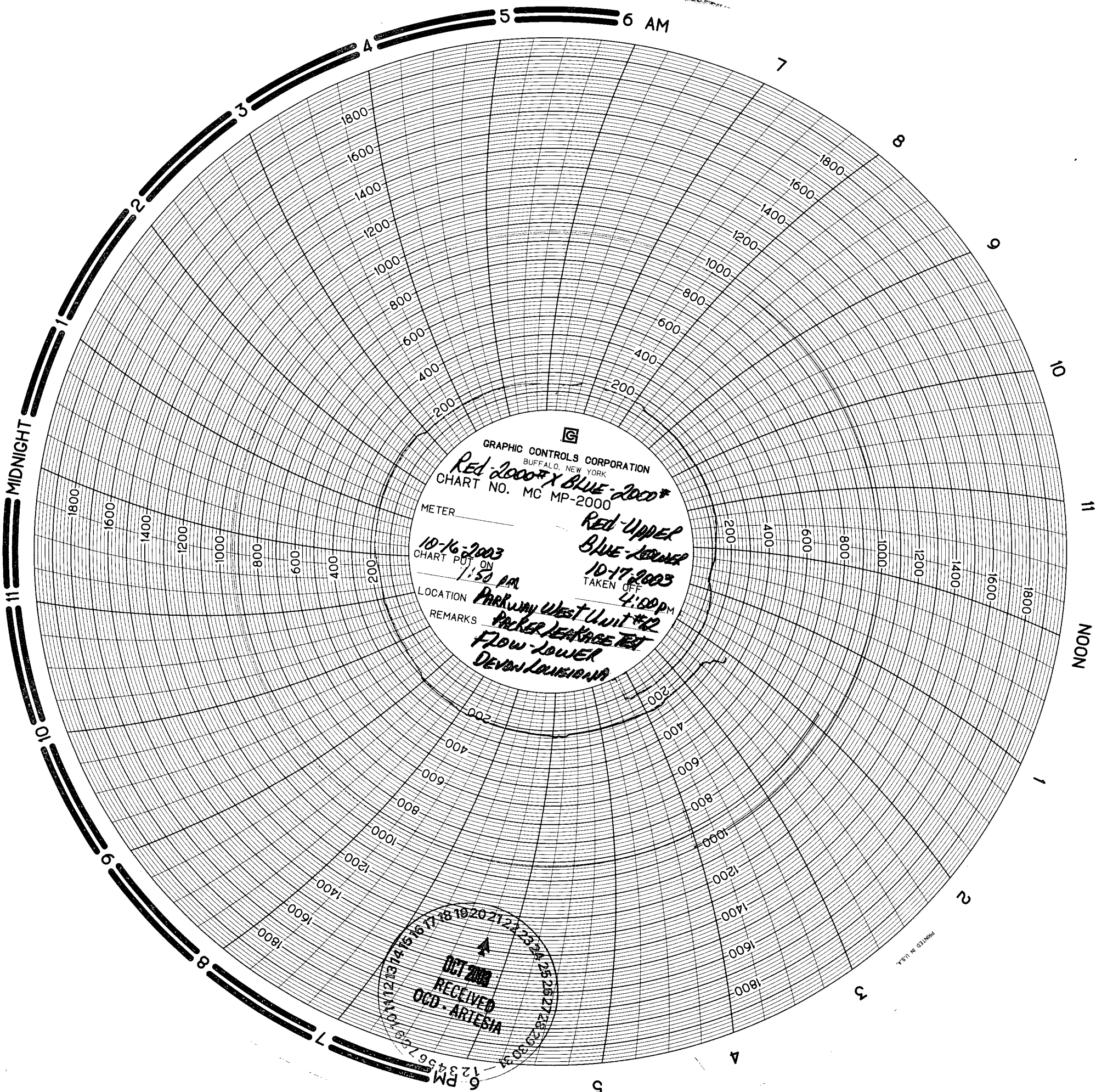
OIL CONSERVATION DIVISION

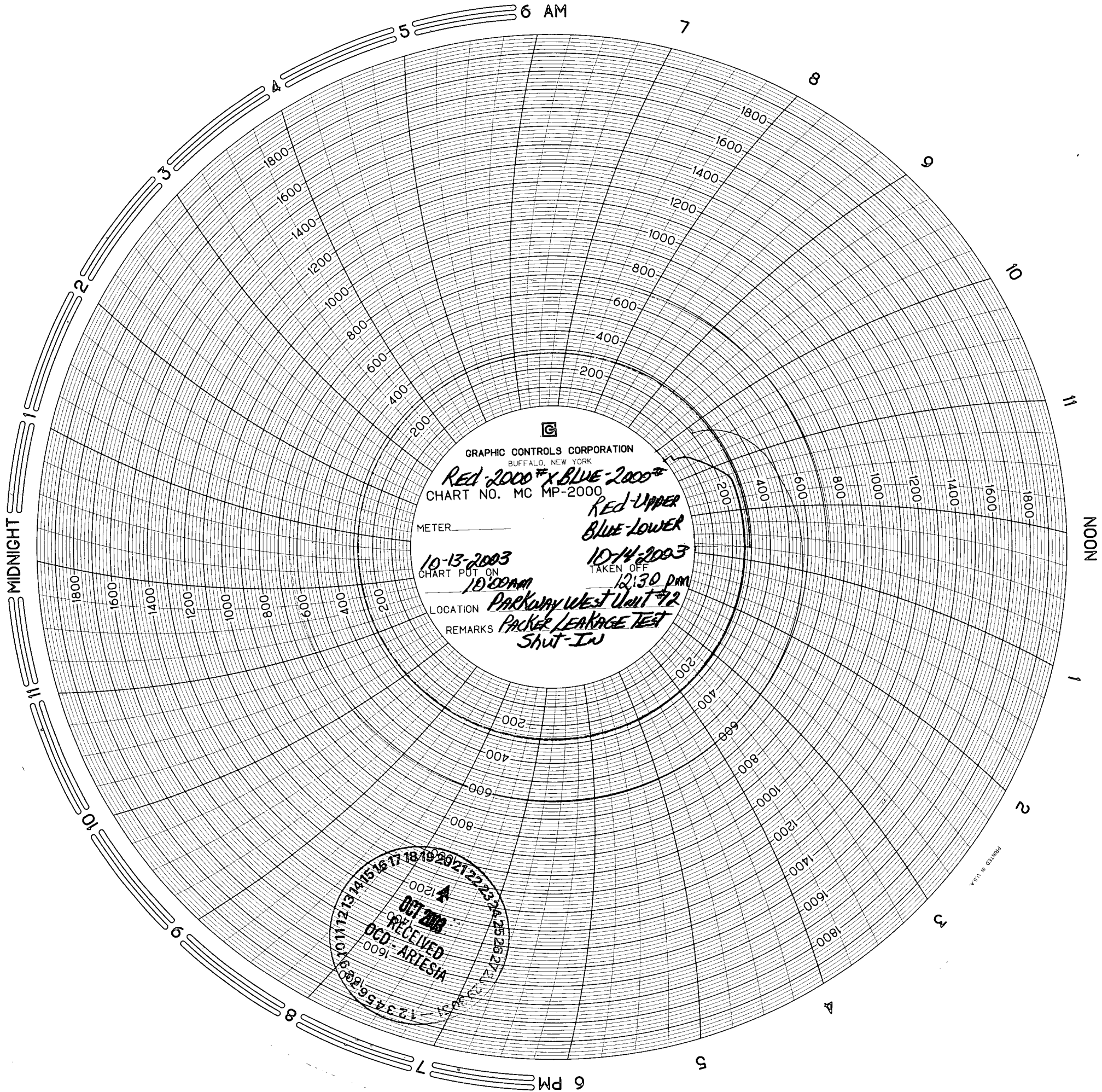
APPROVED OCT 24 2003

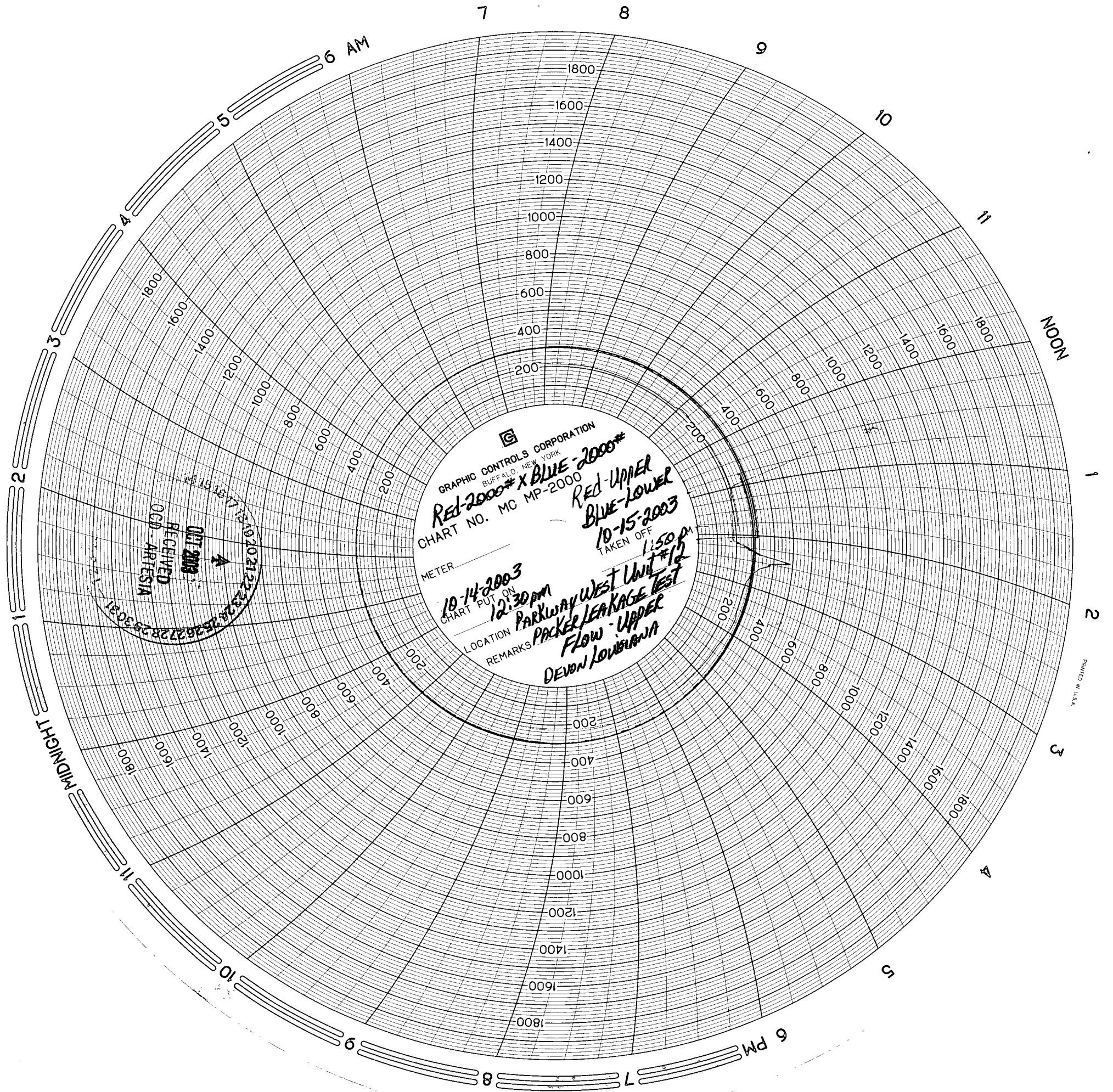
Date Approved

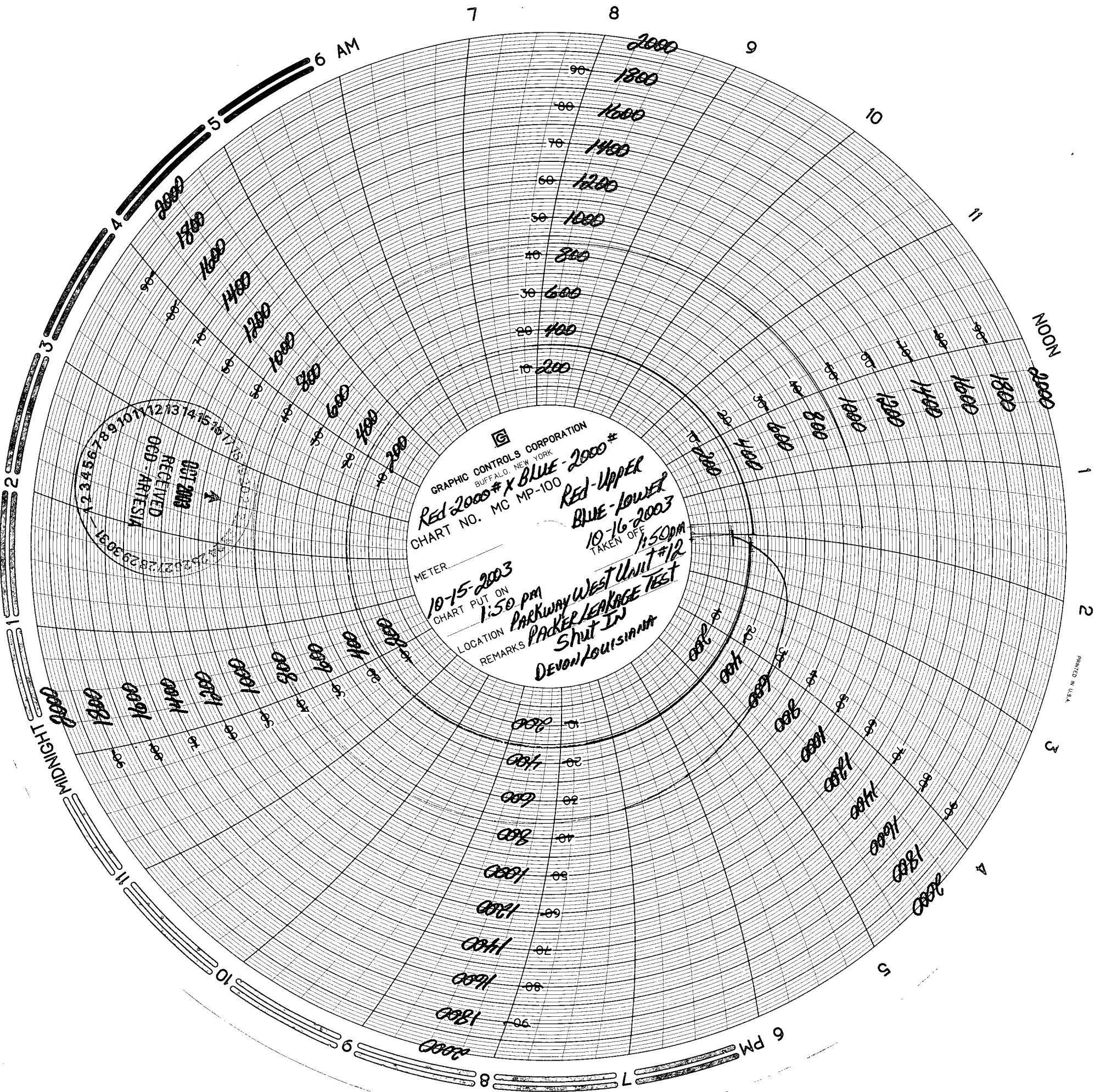
By

Title









RECEIVED
OED-ARTESIA
OCT 2003
A

GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
Red-2000# x BLUE-2000#
CHART NO. MC MP-100
RED-UPPER
BLUE-LOWER
10-15-2003
TAKEN OFF
1:50 PM
LOCATION PARKWAY WEST UNIT #12
REMARKS Packer Leakage Test
Shut In
Devon/Louisiana

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