30-005-61506

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

AUG 19 2009

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator		Lease		Well No.
Chesapeake Operating		Chaves "A" Fed		3
Location of Well: Unit	Sec. 21	Twp 7S	Rge 26E	County Chaves

	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	Abo	Gas	Flow	Csg	
Lower Compl	Wolfcamp	Gas	Flow	Tbg	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 11:00Am | 8-11-09

Well opened at (hour, date): 11:00Am | 8-12-09.

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	45	120
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	50	120
Minimum pressure during test	45	30
Pressure at conclusion of test	50	30
Pressure change during test (Maximum minus Minimum)	5	90
Was pressure change an increase or a decrease?	Increase	Decrease

Well closed at (hour, date): 11:20Am | 8-13-09. 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): 11:25Am | 8-14-09

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	60	110
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	60	140
Minimum pressure during test	25	110
Pressure at conclusion of test	25	140
Pressure change during test (Maximum minus Minimum)	35	30
Was pressure change an increase or a decrease?	Decrease	Increase

Well closed at (hour, date) 12:30pm | 8-15-09. Total time on Production: 24HRS.

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

Remarks: NO Indication of Packer leak

OPERATOR CERTIFICATE OF COMPLIANCE

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

Keltic Services, Inc.
Operator

Julian F. Guigarde
Signature

JULIAN F. Guigarde Tester
Printed Name / Title

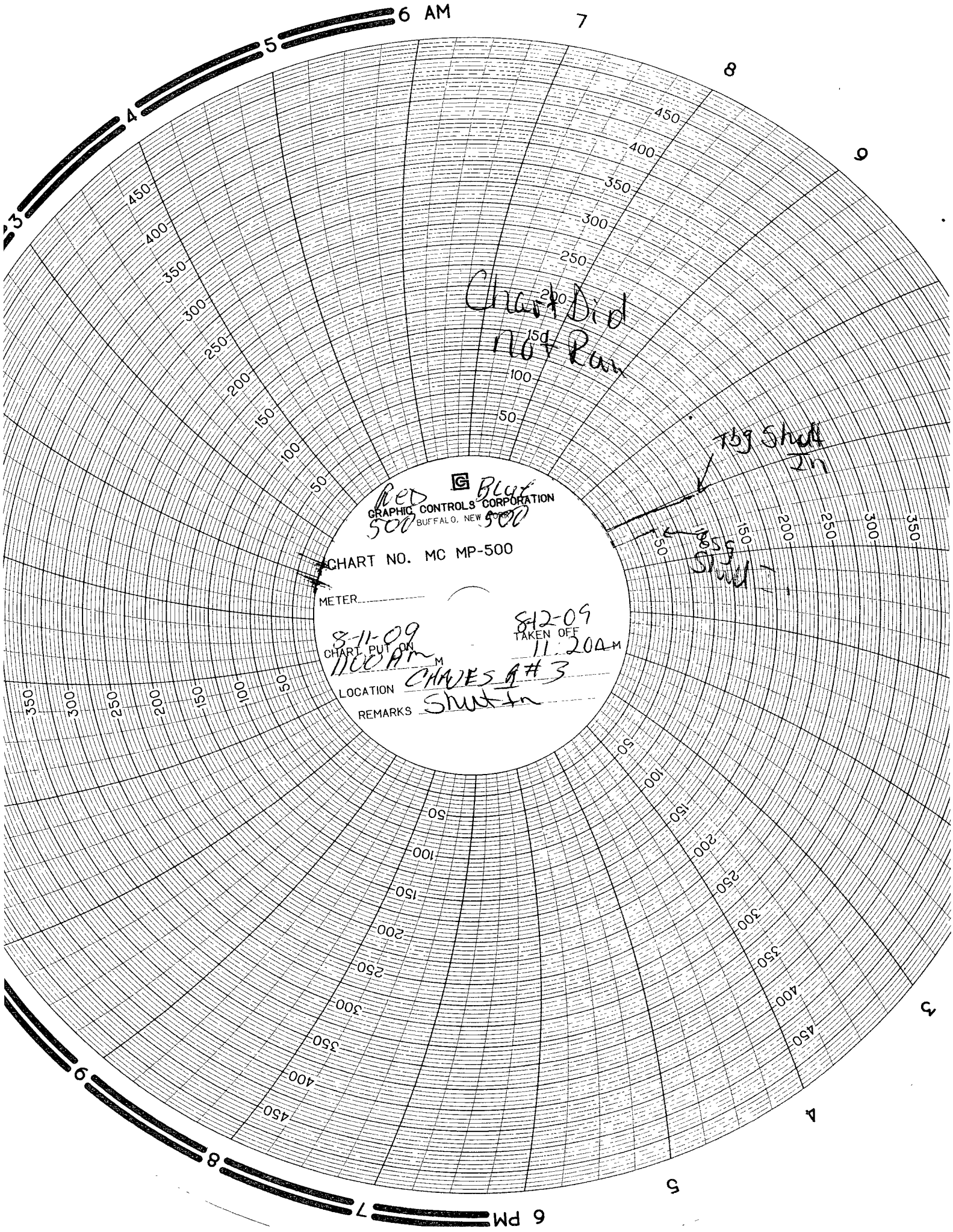
8-18-09 | 748-3759
Date / Telephone No

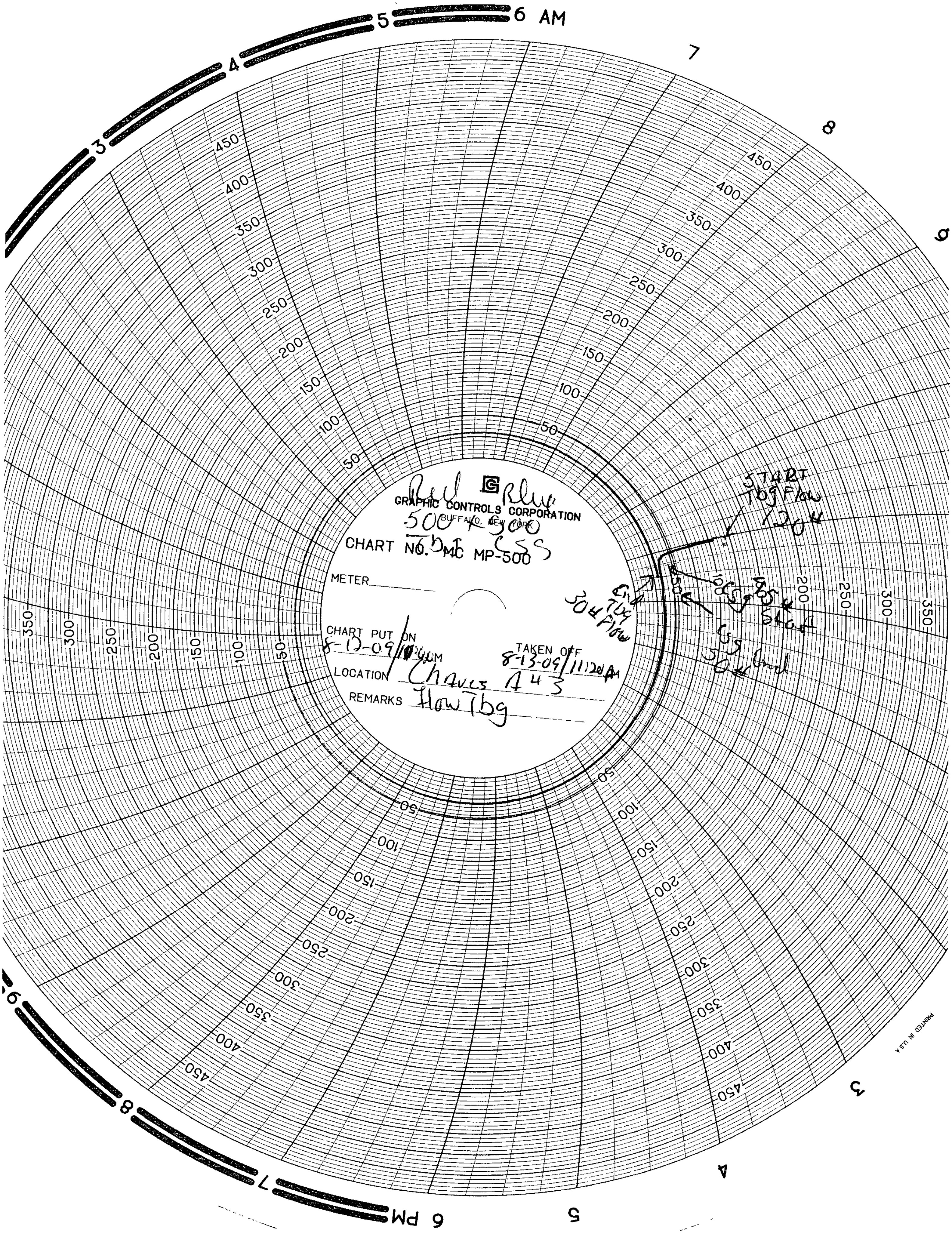
OIL CONSERVATION DIVISION

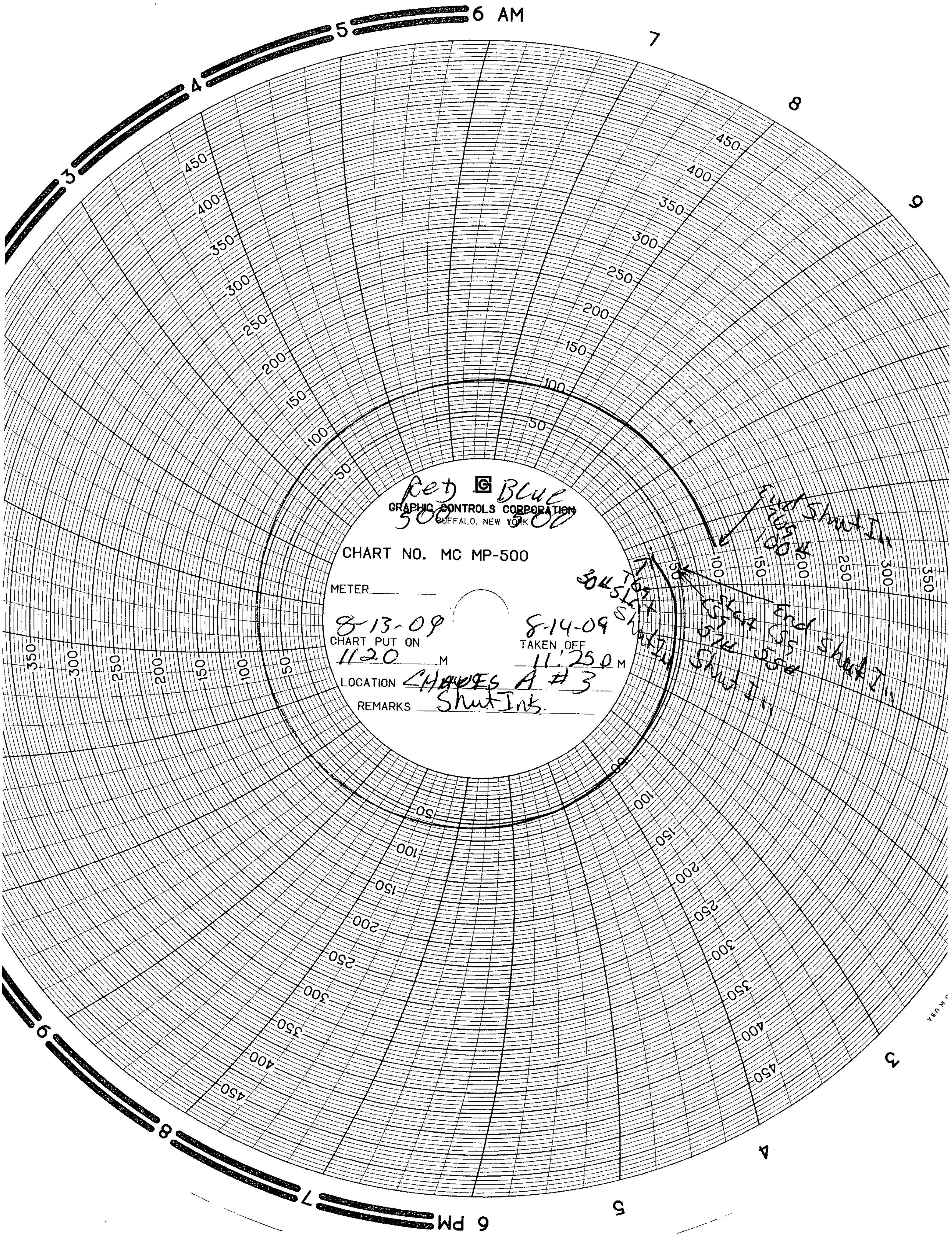
Date Approved _____

By _____

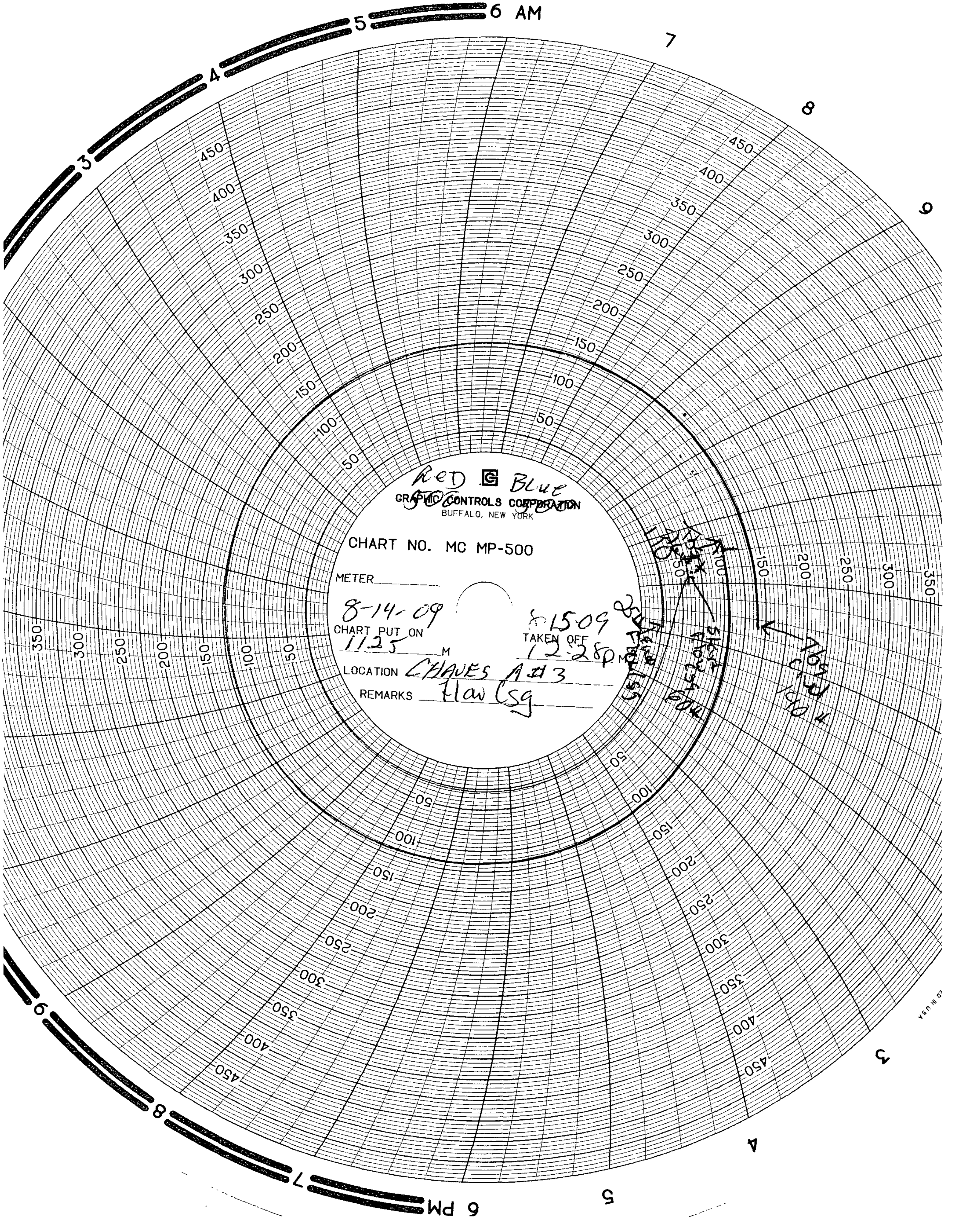
Title _____


6 AM
7
8
9
10
11
12
1
2
3
4
5
6 PM
7
8
9
10
11
12
1
2
3
4
5
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
Red 500
Blue 500
CHART NO. MC MP-500
METER
CHART PUT ON 8-11-09 1100 AM
TAKEN OFF 8-12-09 11:20 AM
LOCATION CHAVES G #3
REMARKS Shut in
Chart Did not Run
Tbg Shut In
Csg Shut In

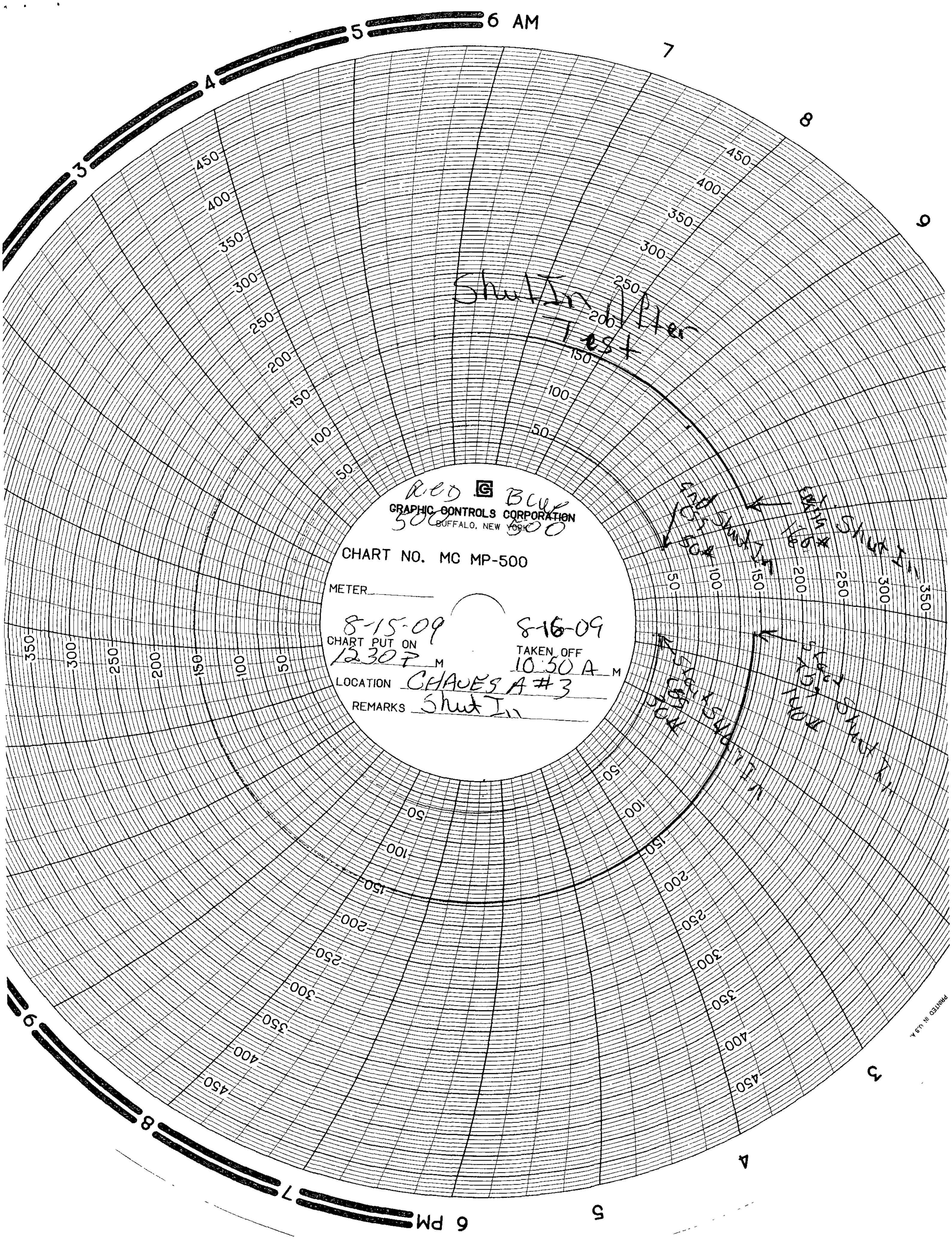

6 AM
7
8
9
3
4
5
6 PM
7
8
9
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
CHART NO. MC MP-500
Red Blue
500 x 500
CSS
METER
CHART PUT ON
8-12-09
TAKEN OFF
8-13-09
LOCATION
Chaves A 43
REMARKS
Flow Tbg
START
Tbg Flow
120#
End
Tbg
30# Flow
CSS
Start
CSS
50# End
PRINTED IN U.S.A.



Red Blue
500 500
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
CHART NO. MC MP-500
METER
8-13-09
CHART PUT ON
1120 M
8-14-09
TAKEN OFF
11:25 P M
LOCATION CHAVES A #3
REMARKS Shut Ins.
End Shut In
Aug
100#
Tbg
30# Start Shut In
Start CSG
57# Shut In
End CSG
55#
Shut In
6 AM
7
8
9
3
4
5
6 PM



Red
Blue
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
CHART NO. MC MP-500
METER
8-14-09
CHART PUT ON
1125 M
8-15-09
TAKEN OFF
12:28P M
LOCATION Chaves A#3
REMARKS Flow Csg
6 AM
6 PM



Red 500
Blue 500
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
CHART NO. MC MP-500
METER
8-15-09
CHART PUT ON
1230 P M
8-16-09
TAKEN OFF
10:50 A M
LOCATION CHAVES A #3
REMARKS Shut In
Shut In After Test
6 AM
6 PM
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