

NEW MEXICO OIL CONSERVATION DIVISION
SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Revised June 9, 2003

Operator Marbob Energy Corporation Lease State "QQ" Well No. 1
Location Of Well: Unit C Section 17 Township T23S Range R27E County Eddy

	Name of Reservoir or Pool	Type of Prod. (Oil or Gas)	Method of Prod. (Flow Art. Lift)	Prod. Medium (Tbg. Or Cag.)	Choke Size
Upper Completion	Atoka	None	None	CSG	
Lower Completion	Morrow	Gas	Flow	TBG	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10/19/2009 09:30 AM

	Upper Completion	Lower Completion
Well opened at (hour, date): <u>10/20/2009 10:15 AM</u>		
Indicate by (X) the zone producing.....		XXX
Pressure at beginning of test.....	15#	360#
Stabilized? (Yes or No).....	Yes	Yes
Maximum pressure during test.....	15#	360#
Minimum pressure during test.....	15#	60#
Pressure at conclusion of test.....	15#	60#
Pressure change during test (Maximum minus Minimum).....	0#	300#
Was pressure change an increase or a decrease?.....	Stable	Decrease
Well closed at (hour, date): <u>10/21/2009</u>	Total Time On Production <u>26 Hours</u>	
Oil Production	Gas Production	
During Test: <u>0</u> bbls; Grav. _____	During Test <u>62.5</u> MCF; GOR _____	
Remarks: _____		

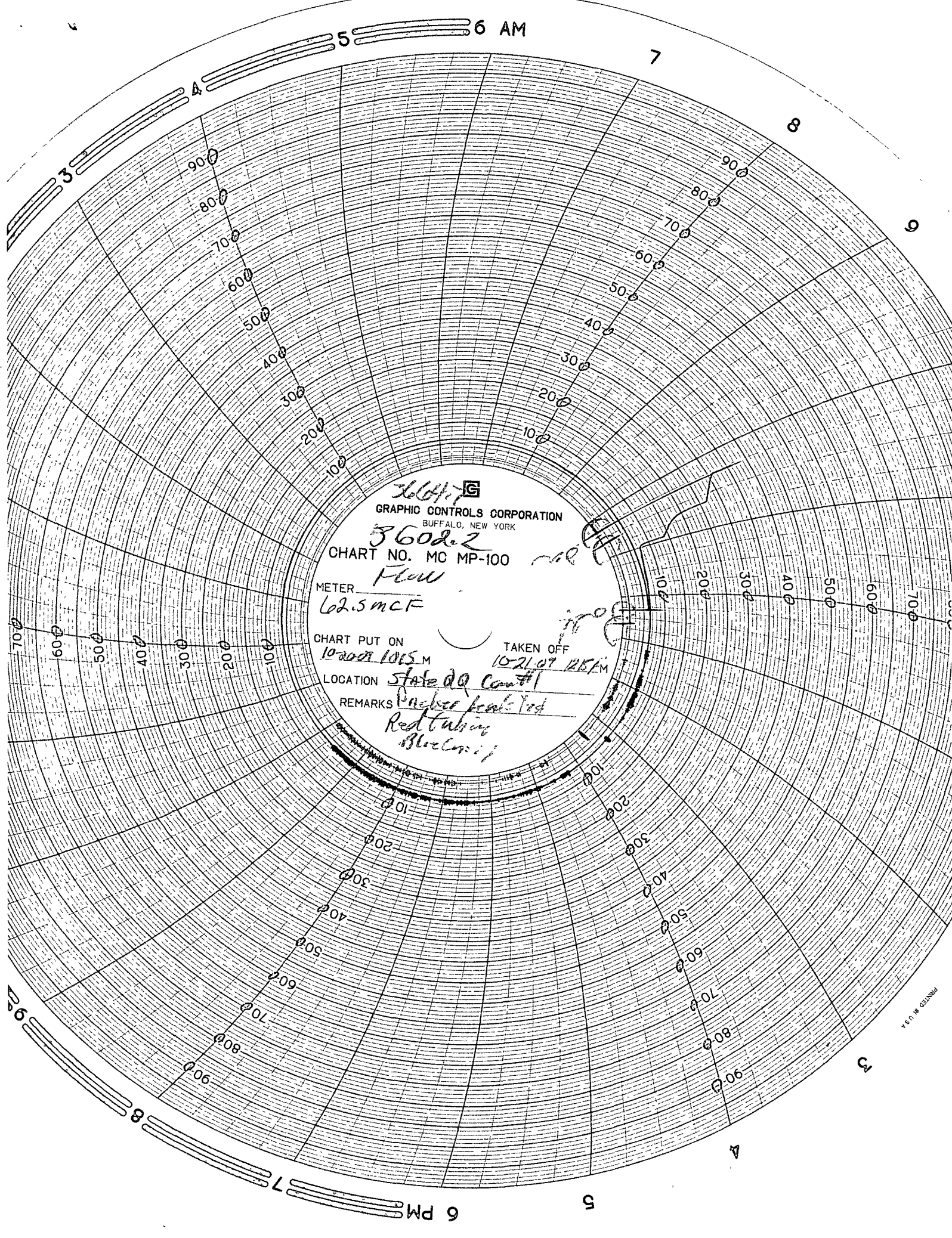
FLOW TEST NO. 2

Both zones shut-in at (hour, date): _____

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

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

Approved _____ 20 _____ Operator _____
New Mexico Oil Conservation Division
By [Signature]
Title Karl Haeny/Technician
E-mail Address _____
Date 10/26/2009



360d.2
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

CHART NO. MC MP-100

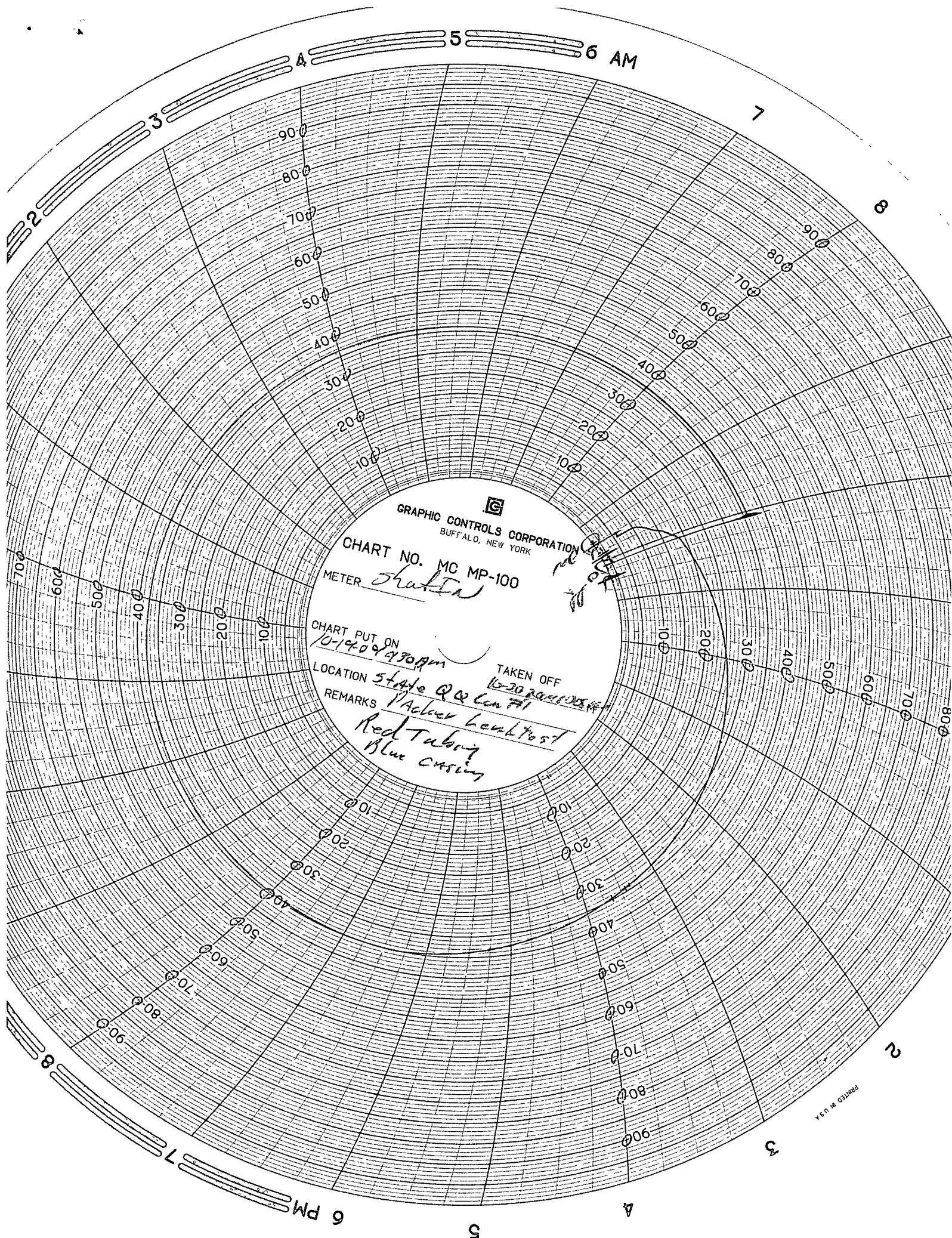
METER *Flow*
62.5 MCF

CHART PUT ON
10-20-07 1015 M

TAKEN OFF
10-21-07 1215 M

LOCATION *State DQ Cont #1*

REMARKS *Packer Seal Test*
Red tubing
Blue Cap



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

CHART NO. MC MP-100
METER *Station*

CHART PUT ON
10-14-09 9:30 am

TAKEN OFF
10-30-09 10:05 am

LOCATION *State Q Q Can #1*

REMARKS *1 Achter Leucht Post
Red Tabrig
Blue casing*

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