

NEW MEXICO OIL CONSERVATION DIVISION  
SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Revised June 9, 2003

30-015-21558

Operator Yates Petroleum Corporation Lease Hnulik "EJ" Fee Well No. 1  
Location Of Well: Unit D Section 26 Township T17S Range R26E 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	Lift	TBG	

**FLOW TEST NO. 1**

Both zones shut-in at (hour, date): 10/12/2009 7:40am

	Upper Completion	Lower Completion
Well opened at (hour, date): <u>10/13/2009 7:30am</u>		
Indicate by (X) the zone producing.....		<u>XXX</u>
Pressure at beginning of test.....	<u>0.0#</u>	<u>310#</u>
Stabilized? (Yes or No).....	<u>Yes</u>	<u>Yes</u>
Maximum pressure during test.....	<u>0.0#</u>	<u>310#</u>
Minimum pressure during test.....	<u>0.0#</u>	<u>120#</u>
Pressure at conclusion of test.....	<u>0.0#</u>	<u>282#</u>
Pressure change during test (Maximum minus Minimum).....	<u>0.0#</u>	<u>190#</u>
Was pressure change an increase or a decrease?.....	<u>Stable</u>	<u>Decrease</u>
Well closed at (hour, date): <u>10/14/2009 8:00am</u>	Total Time On Production <u>24 hours 30 min.</u>	
Oil Production	Gas Production	
During Test: <u>0</u> bbls; Grav. _____	During Test <u>98.3</u> MCF; GOR _____	
Remarks: <u>Atoka will not produce pressure is zero</u>		

**FLOW TEST NO. 2**

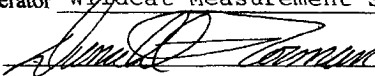
Both zones shut-in at (hour, date): \_\_\_\_\_

	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 \_\_\_\_\_  
New Mexico Oil Conservation Division

Operator Wildcat Measurement Service, Inc

By 

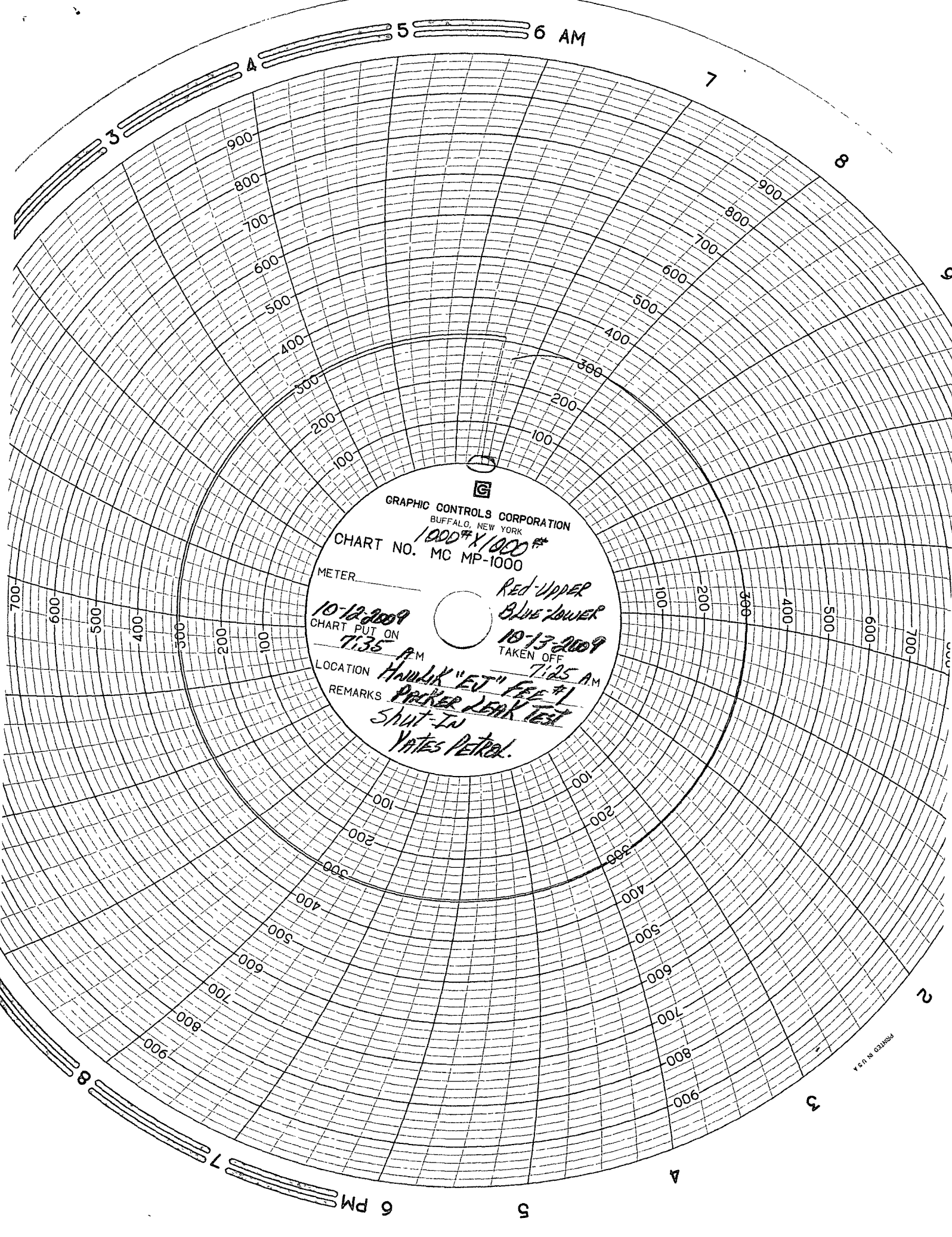
By \_\_\_\_\_

Title Don Norman/Technician

Title \_\_\_\_\_

E-mail Address dnorman@wildcatms.com

Date 10/24/2009



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