30-005-61505

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

Operator	Three Rivers Operating	Lease	Chaves A	Well No.	#1
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): 11:00 am / 8-11-10

Well opened at (hour, date): 11:00 am / 8-12-10

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	34	176
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	35	176
Minimum pressure during test	34	30
Pressure at conclusion of test	35	30
Pressure change during test (Maximum minus Minimum)	1	146
Was pressure change an increase or a decrease?	Increase	Decrease

Well closed at (hour, date): 11:15 Am / 8-13-10 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): 11:00 Am / 8-14-10

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	40	180
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	40	190
Minimum pressure during test	25	180
Pressure at conclusion of test	25	190
Pressure change during test (Maximum minus Minimum)	15	10
Was pressure change an increase or a decrease?	Decrease	Increase

Well closed at (hour, date) 10:45 Am / 8-15-10 Total time on Production 24 Hrs.

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

Kelly Services, Inc
Operator

Julian T. Gnagarde
Signature

Julian T Gnagarde Tester
Printed Name Title

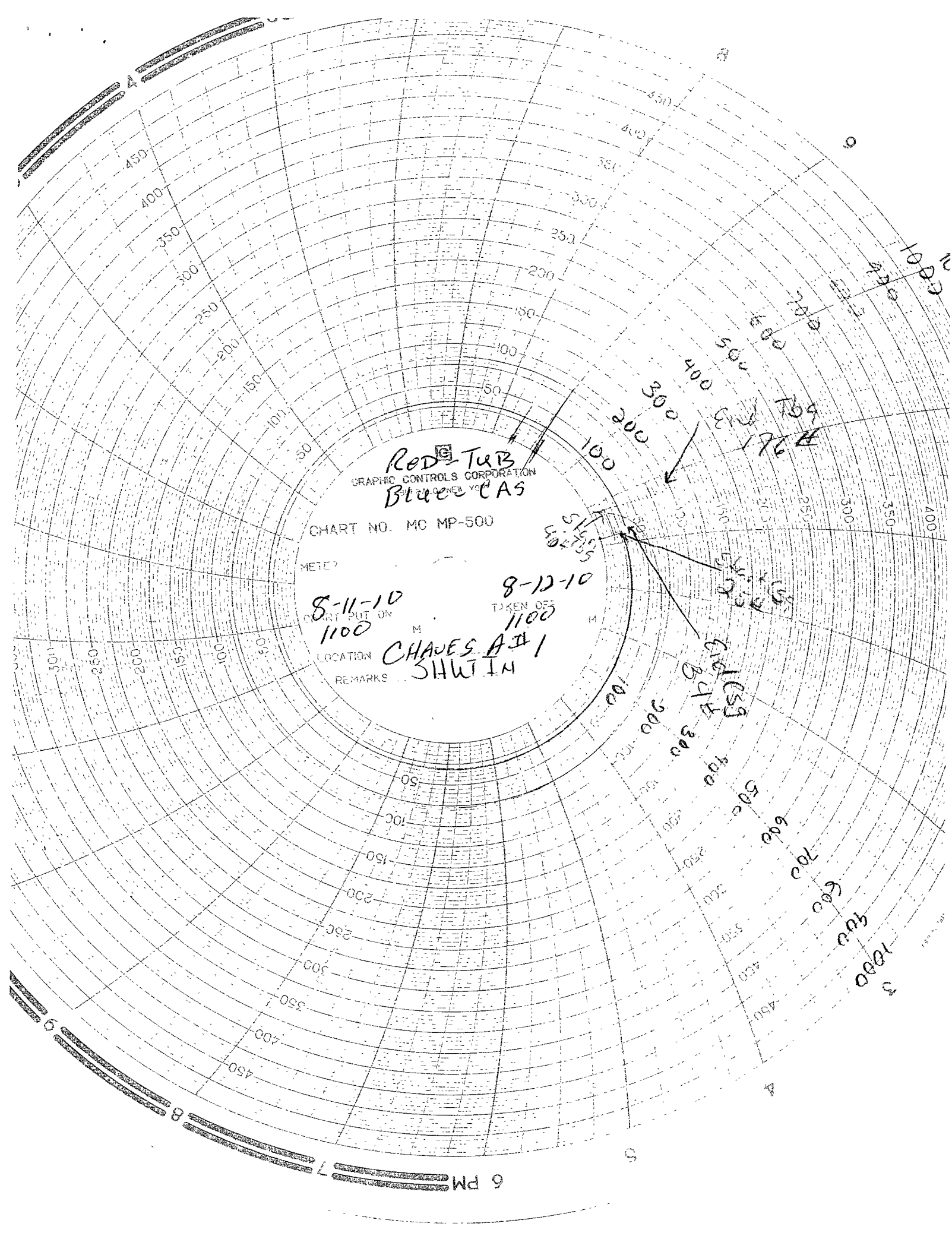
8-19-10 748-3759
Date Telephone No.

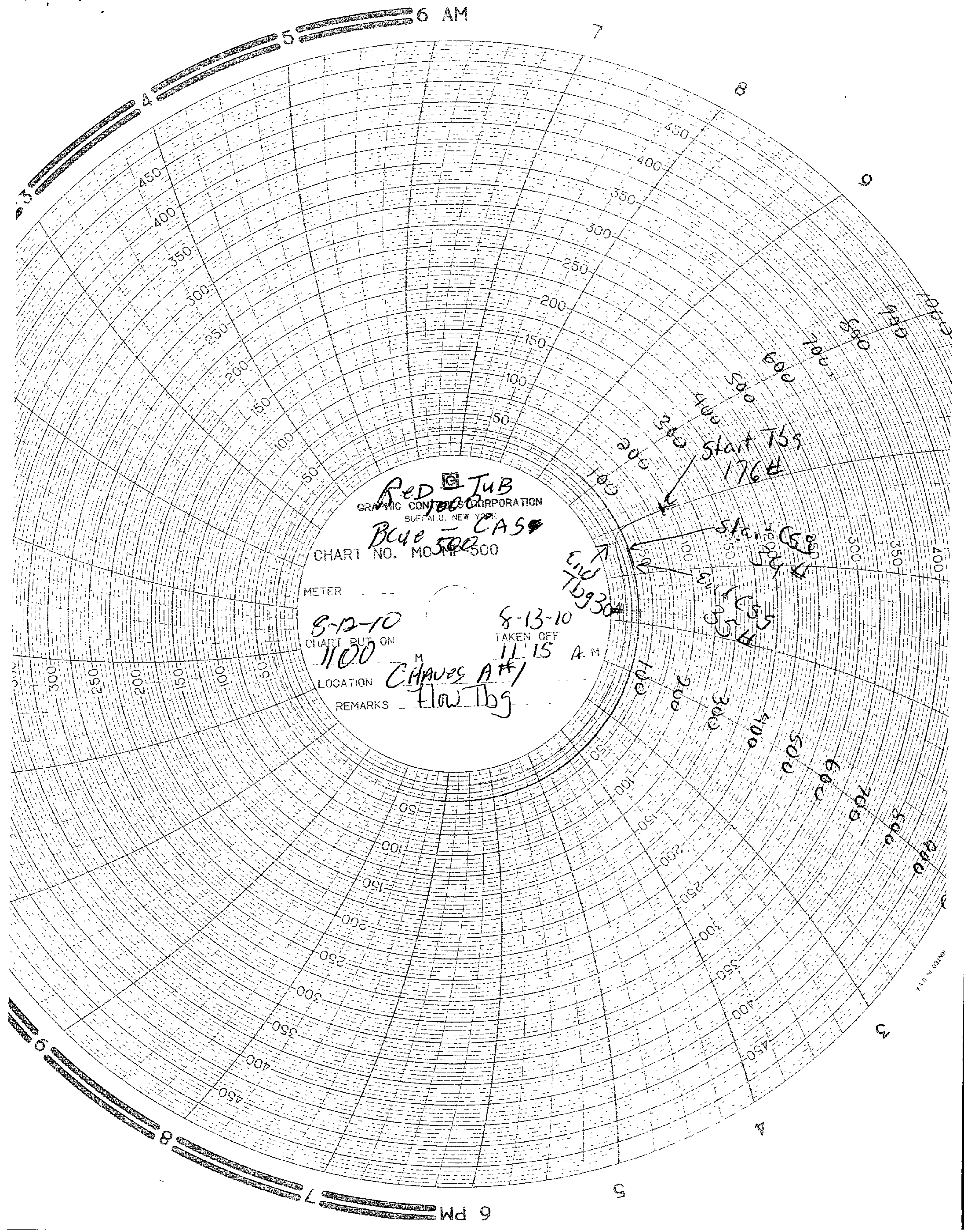
OIL CONSERVATION DIVISION

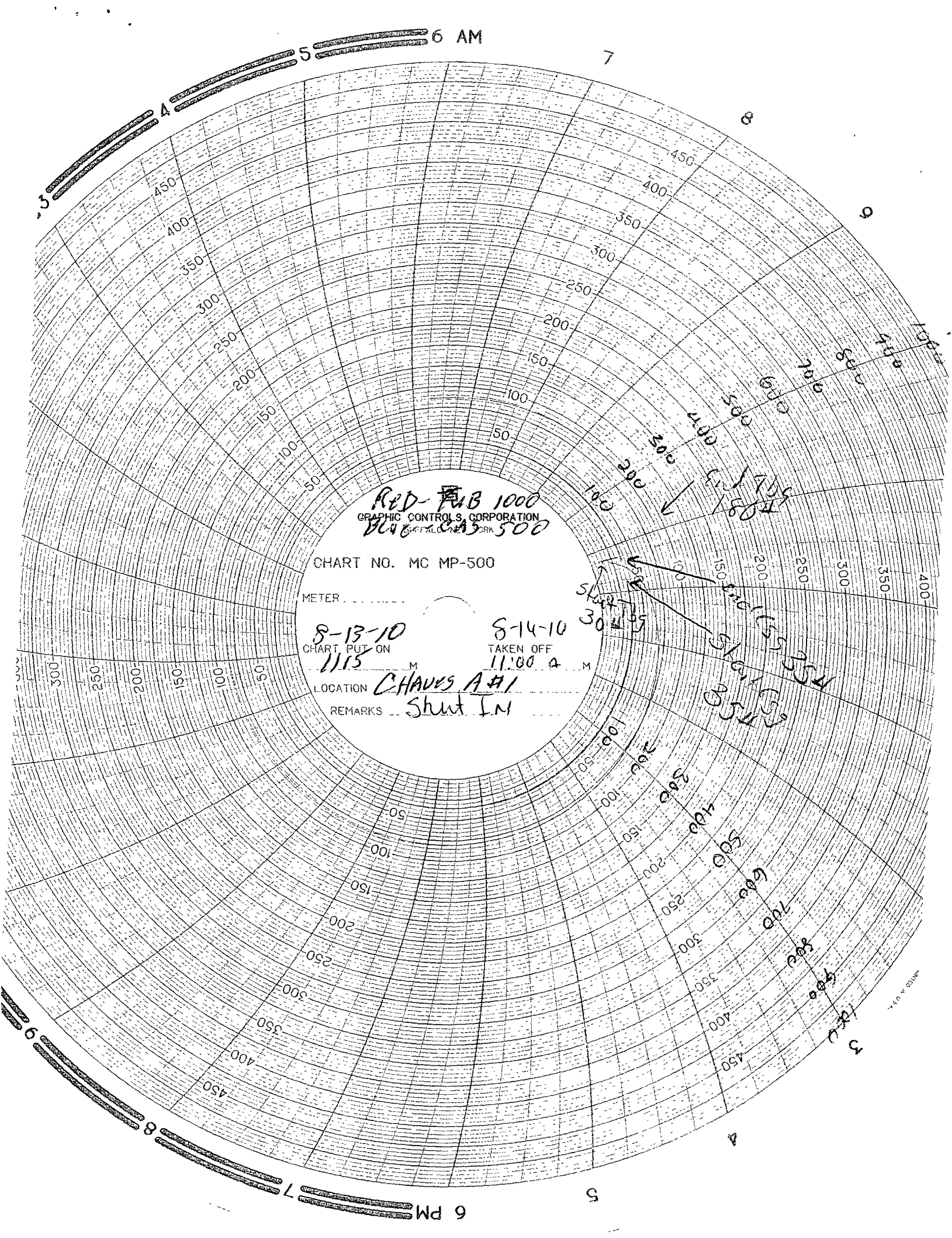
Date Approved 9/7/10

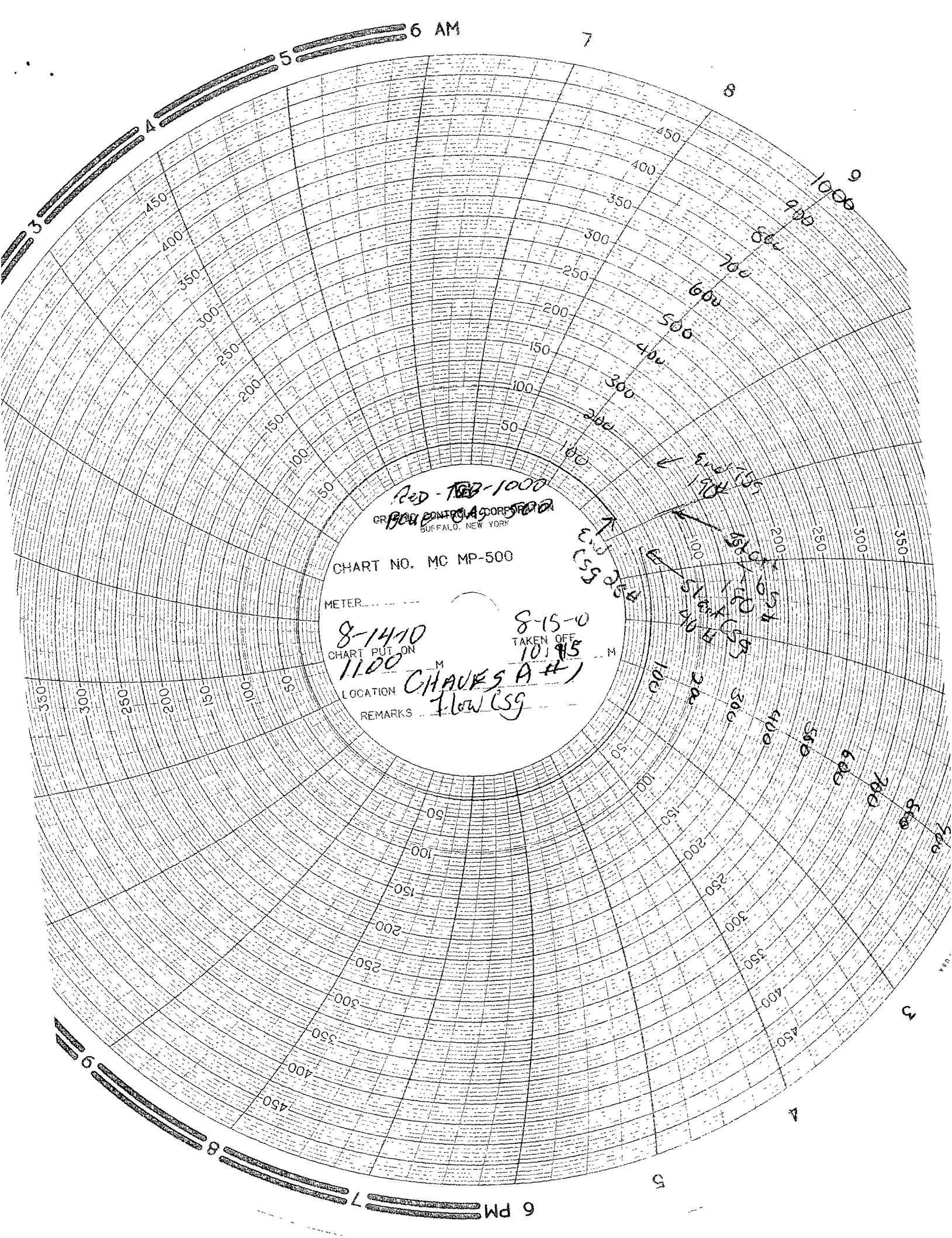
By Richard Inge

Title Compliance Officer


RED TUB
GRAPHIC CONTROLS CORPORATION
Blue CAS
CHART NO. MC MP-500
METER
8-11-10
1100
TAKEN OFF
8-12-10
1100
LOCATION CHAVES A #1
REMARKS SHUT IN
6 PM
Wd 9


6 AM
7
8
9
5
4
3
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
Red - TUB 1000
Blue - CAS 500
CHART NO. MC MP 500
METER
CHART PUT ON 8-12-10 1100 M
TAKEN OFF 8-13-10 11:15 A.M
LOCATION Chaves A #1
REMARKS Flow Tbg
Start Tbg 176#
End Tbg 30#
End Csg 35#
6 PM
PRINTED IN U.S.A.


6 AM
7
8
9
10
11
12
1
2
3
4
5
6 PM
RED-PUB 1000
BUFFALO, NEW YORK 500
GRAPHIC CONTROLS CORPORATION
CHART NO. MC MP-500
METER
8-13-10
CHART PUT ON
1115 M
8-14-10
TAKEN OFF
11:00 A M
LOCATION CHAVES A #1
REMARKS Shut In
Shut In 30 Min
MADE IN U.S.A.


6 AM
6 PM
CHART NO. MC MP-500
METER
8-14-10
CHART PUT ON
1100 M
8-15-0
TAKEN OFF
1015 M
LOCATION CHAVES A #1
REMARKS Flow Csg