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

30-005-62587

Operator		Lease		Well No.
Plains Radio Petroleum		Camel St		4

Location of Well	Unit	Sec.	Twp	Rge	County
		6	9	27	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	Penn	GAS	Flow	Csg	
Lower Compl	ABO	GAS	Flow	Tbg	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 11:15Am - 8-13-04

Well opened at (hour, date): 11:15Am - 8-14-04

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	210	550
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	210	550
Minimum pressure during test	210	130
Pressure at conclusion of test	210	130
Pressure change during test (Maximum minus Minimum)	0	420
Was pressure change an increase or a decrease?	Stable	Decrease

Well closed at (hour, date): 11:15Am - 8-15-04 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): 11:15Am - 8-16-04

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	210	550
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	210	550
Minimum pressure during test	140	480
Pressure at conclusion of test	140	480
Pressure change during test (Maximum minus Minimum)	70	70
Was pressure change an increase or a decrease?	Decrease	Decrease

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Well closed at (hour, date) 9:45Am - 8-19-04 Total time on Production 22 HRS

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

Remarks When Casing Flowed, Tubing also Lowered in pressure Retest

OPERATOR CERTIFICATE OF COMPLIANCE

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

Kahlil Services Inc.
Operator

Julian F Gonzalez
Signature

Julian F Gonzalez Test
Printed Name

Title

8-27-04
Date

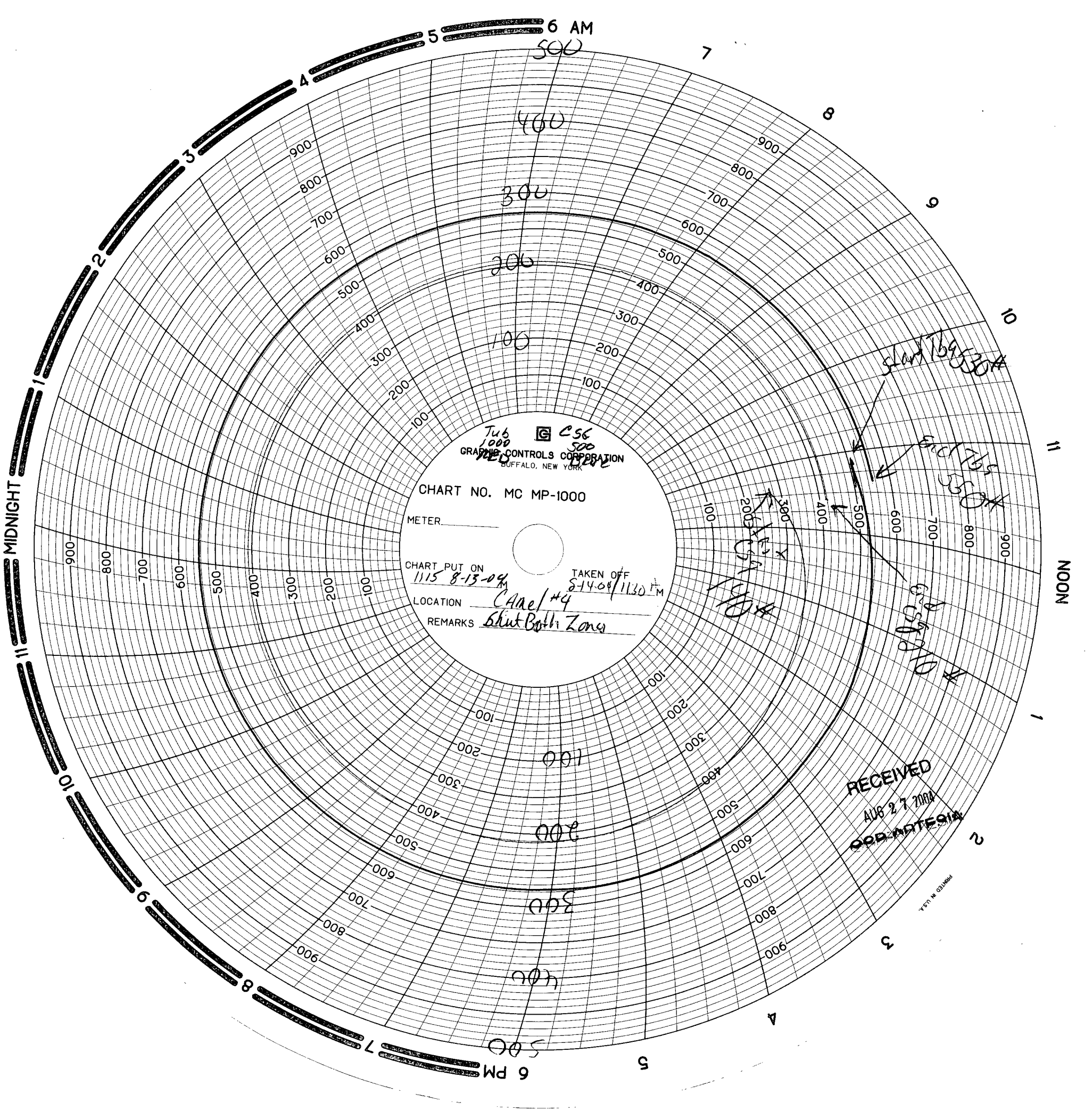
748-3759
Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 30 2004

By _____

Title Field Rep. II


GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
CHART NO. MC MP-1000
METER
CHART PUT ON 1115 8-13-04 AM
TAKEN OFF 8-14-04 1130 AM
LOCATION Chart #4
REMARKS Shut Bottle Zone
MIDNIGHT
NOON
6 AM
6 PM
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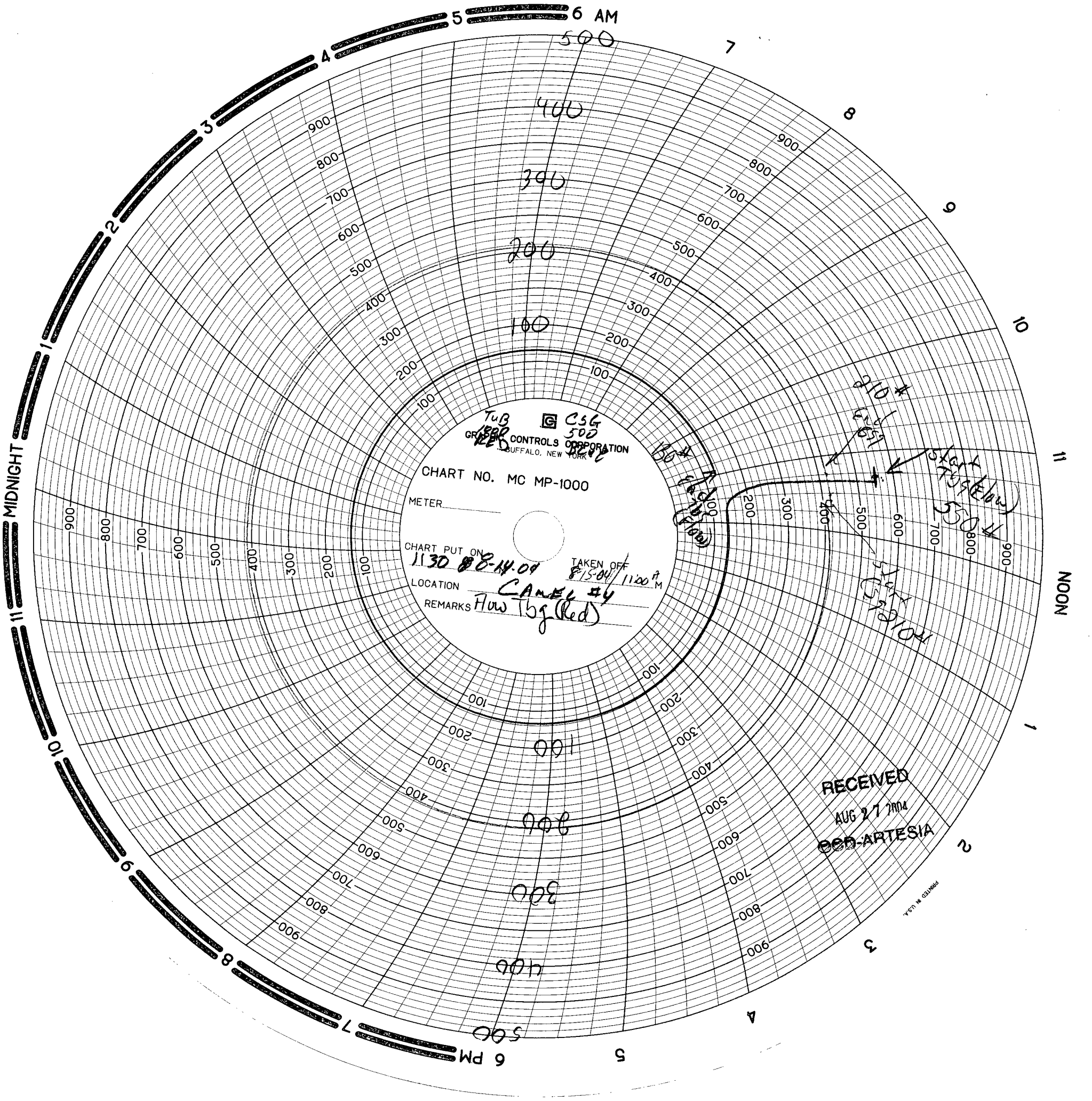
OOD-MDTE-91


MIDNIGHT
1
2
3
4
5
6 AM
7
8
9
10
11
NOON
1
2
3
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5
6 PM
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11
100
200
300
400
500
600
700
800
900
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
CHART NO. MC MP-1000
METER
CHART PUT ON 1130 @ 8-14-08
TAKEN OFF 8/15-04/1100 AM
LOCATION CAMEL #4
REMARKS How lbg (Red)
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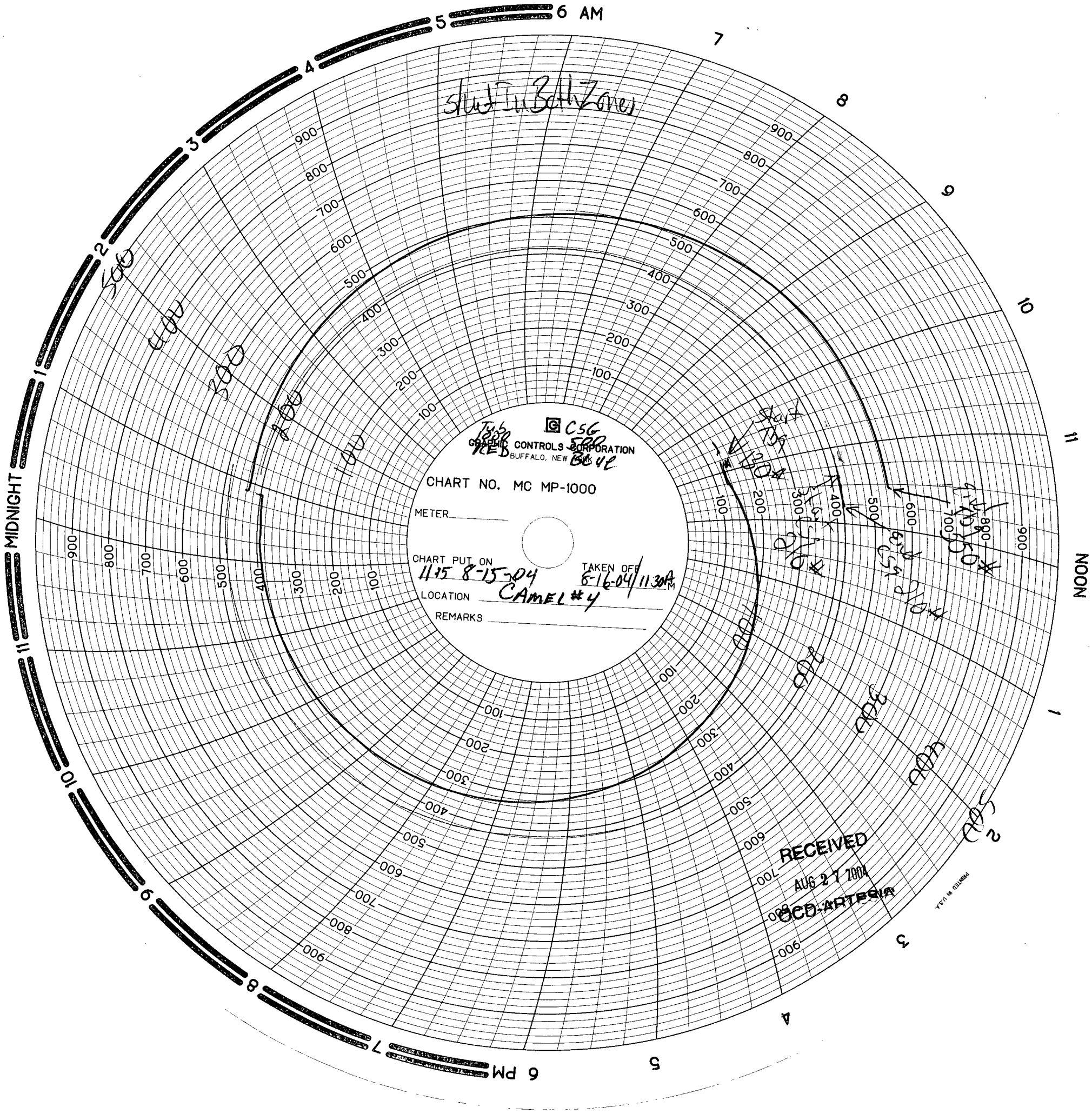
6 AM
NOON
6 PM
MIDNIGHT
CSG
CHART NO. MC MP-1000
METER
CHART PUT ON 11:35 8-15-04
TAKEN OFF 8-16-04 11:30AM
LOCATION CAMEL #4
REMARKS
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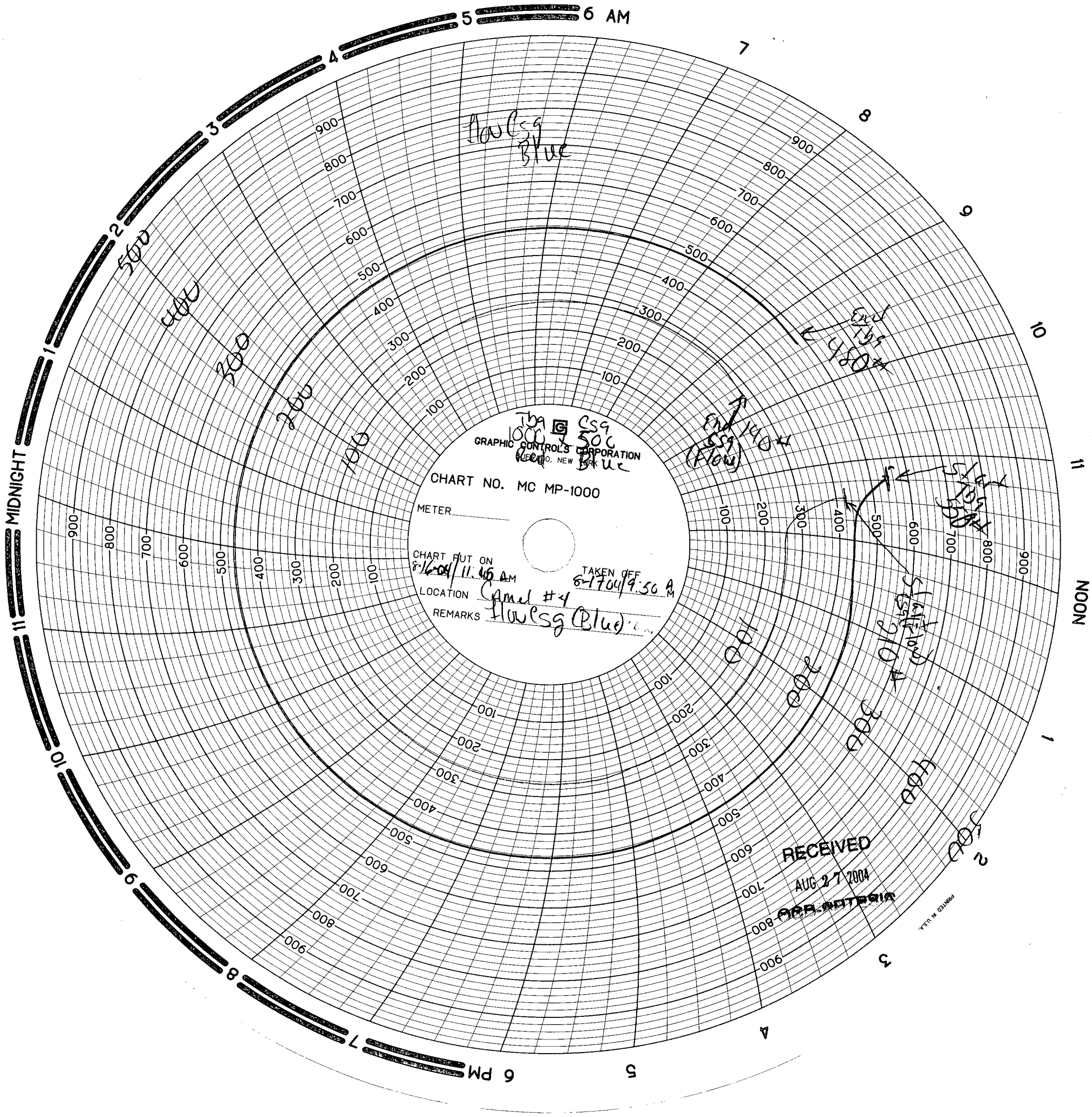
MIDNIGHT
1
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6 AM
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11
NOON
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5
6 PM
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900
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
CHART NO. MC MP-1000
METER
CHART PUT ON 8-16-04 11:46 AM
TAKEN OFF 8-17-04 9:50 AM
LOCATION Amel #4
REMARKS Flow Sg (Blue) i.a.
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