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

30-015-21445

Operator	Yates Petroleum Corporation			Lease	Tidwell "ED" Fee			Well No.	1
Location of Well	Unit P	Sec. 22	Twp T17S	Rge R26E		County Eddy			
	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	Atoka (Wildcat)		None			CSG			
Lower Compl	Kennedy Farms Atoka		Gas	Compressor		TBG			

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10/01/2003 9:45am

Well opened at (hour, date): 10/02/2003 11:10am

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		XXX
Pressure at beginning of test	0.0#	474#
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	0.0#	474#
Minimum pressure during test	0.0#	40#
Pressure at conclusion of test	0.0#	40#
Pressure change during test (Maximum minus Minimum)	0.0#	434#
Was pressure change an increase or a decrease?	Stable	Decrease

Well closed at (hour, date): 10/03/2003 11:40am Total Time On Production: 24 hours 30 min.

Oil Production During Test: 0 bbls; Grav.: ____ Gas Production During Test: 74.9 MCF; GOR: ____

Remarks: Wildcat Atoka will not produce pressure is zero

FLOW TEST NO. 2

Well opened at (hour, date): ____

	Upper Completion	Lower Completion
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 During Test: ____ bbls; Grav. ____; Gas Production During Test ____ MCF; GOR ____

Remarks ____

OPERATOR CERTIFICATE OF COMPLIANCE

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

Yates Petroleum Corporation
Operator

Signature

Don Norman/Wildcat Measurement Ser.
Printed Name Title

10/13/2003 1-888-421-9453

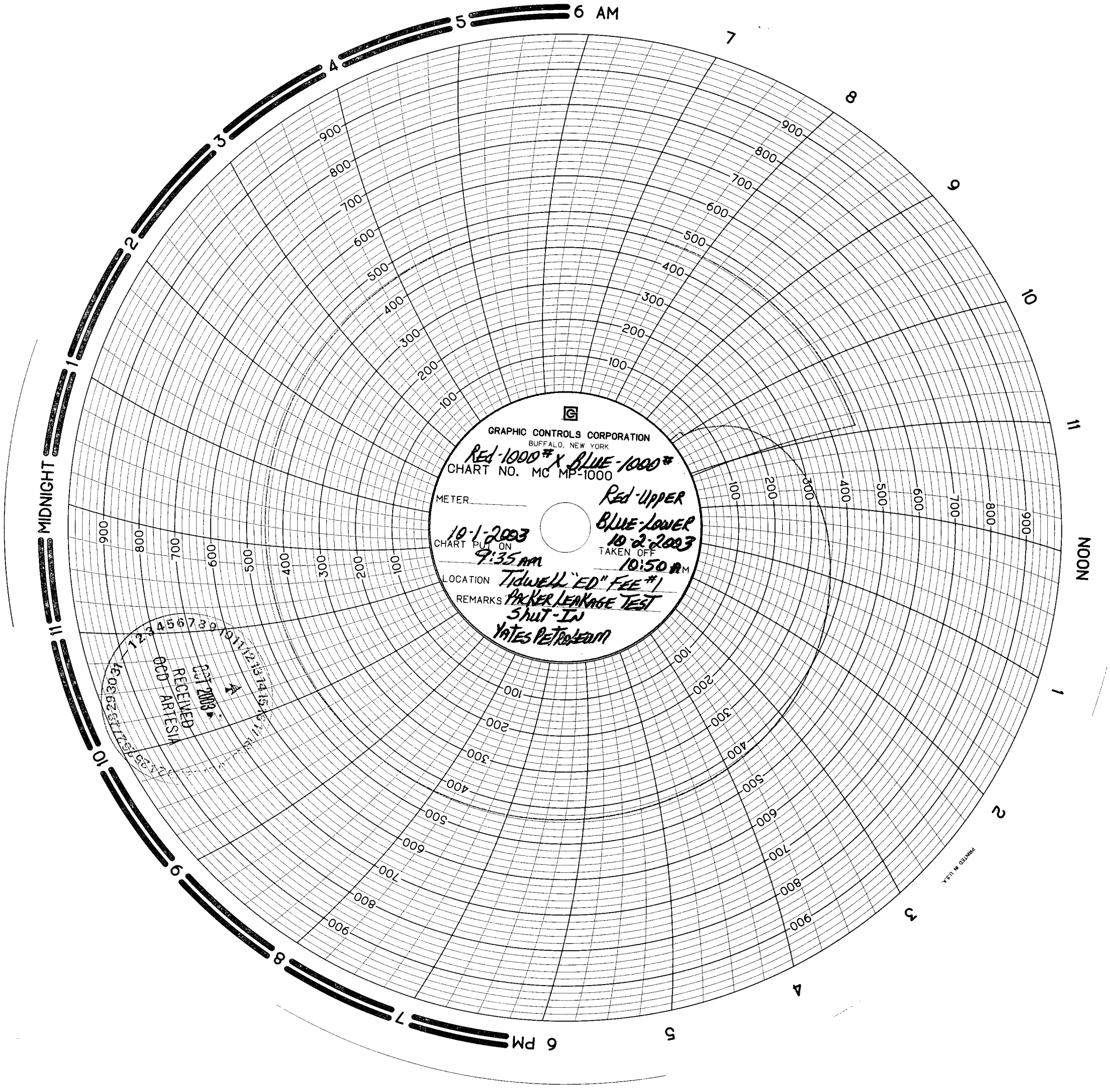
OIL CONSERVATION DIVISION

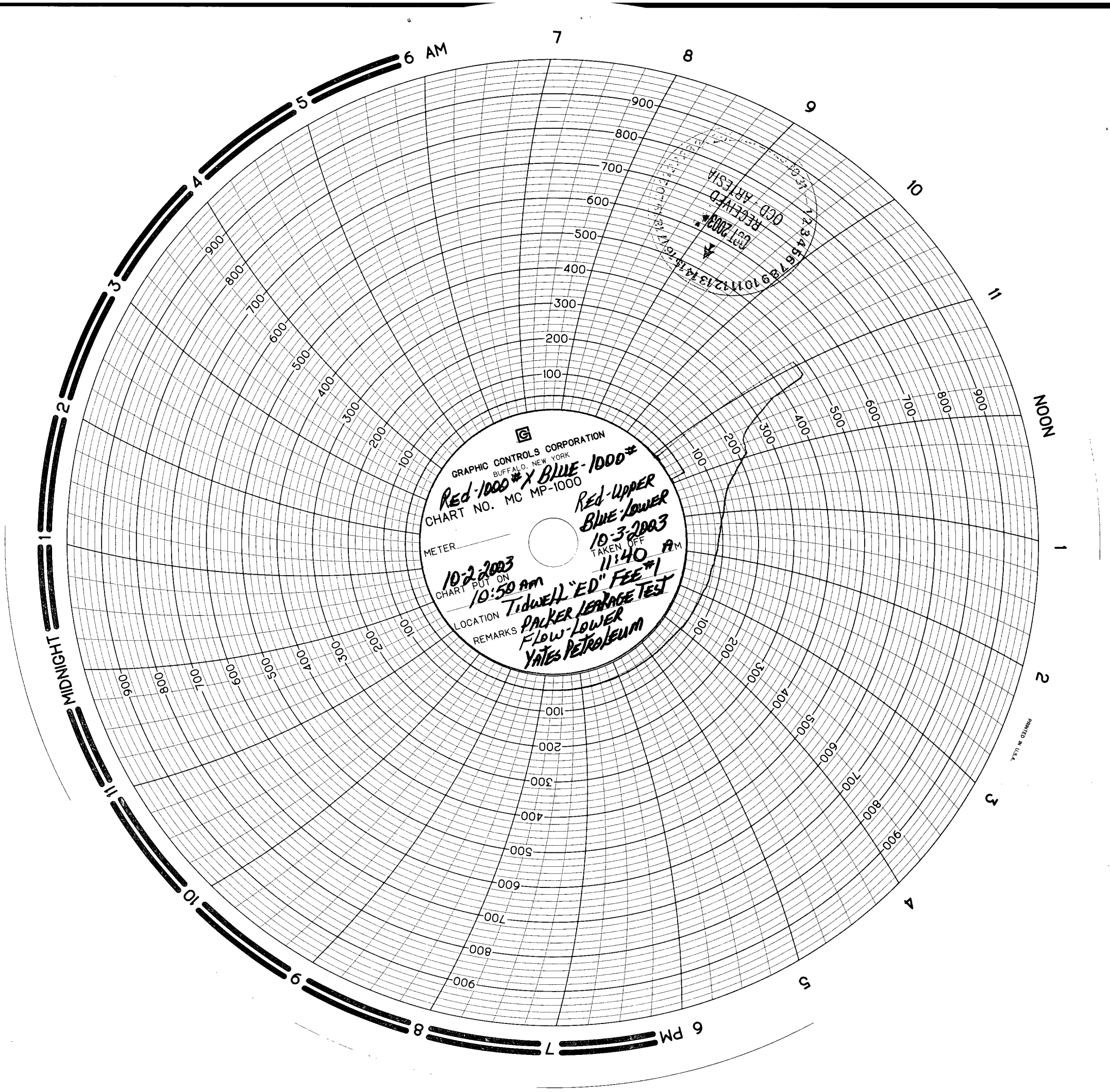
APPROVED OCT 15 2003

Date Approved ____

By ____

Title Field Rep II


GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
Red-1000# X Blue-1000#
CHART NO. MC MP-1000
METER
Red-Upper
Blue-Lower
CHART PUT ON 10-1-2003 9:35 AM
TAKEN OFF 10-2-2003 10:50 AM
LOCATION Tidwell "ED" Fee #1
REMARKS Packer Leakage Test
Shut-In
Yates Petroleum
MIDNIGHT
NOON
6 AM
6 PM
RECEIVED
OCD ARTESIA
OCT 2003


GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
CHART NO. MC MP-1000
METER
CHART PUT ON 10-2-2003 10:50 AM
LOCATION Tidwell "ED" Fee #1
REMARKS Packer Leakage Test
Flow-Lower
Yates Petroleum
Red-1000# X Blue-1000#
Red-Upper
Blue-Lower
10-3-2003
TAKEN OFF 11:40 AM
RECEIVED
OCT 2003
OCD-ARTESIA
6 AM
7
8
9
10
11
NOON
1
2
3
4
5
6 PM
7
8
9
10
11
MIDNIGHT
1
2
3
4
5
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