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

AUG 24 2009

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

30-05-60925

Operator		Lease		Well No.
Armstrong Energy		Campbell Station		1
Location of Well: Unit M	Sec.	Twp 8S	Rge 27E	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	Penn	GAS	Flow	Csg	
Lower Compl	Abo	GAS	Flow	Tbg	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 11:00Am | 8-18-09

Well opened at (hour, date): 10:30Am | 8-19-09

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	175	230
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	180	230
Minimum pressure during test	175	130
Pressure at conclusion of test	180	130
Pressure change during test (Maximum minus Minimum)	5	100
Was pressure change an increase or a decrease?	Increase	Decrease

Well closed at (hour, date): 11:10Am | 8-20-09 Total Time On Production 24½ 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): 12:15pm | 8-21-09

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	185	210
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	185	230
Minimum pressure during test	110	210
Pressure at conclusion of test	110	230
Pressure change during test (Maximum minus Minimum)	175	20
Was pressure change an increase or a decrease?	Decrease	Increase

Well closed at (hour, date) 10:55Am | 8-22-09 Total time on Production 23 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

Keltic Services, Inc
Operator

Julian F. Guajardo
Signature

Julian F. Guajardo Tester
Printed Name Title

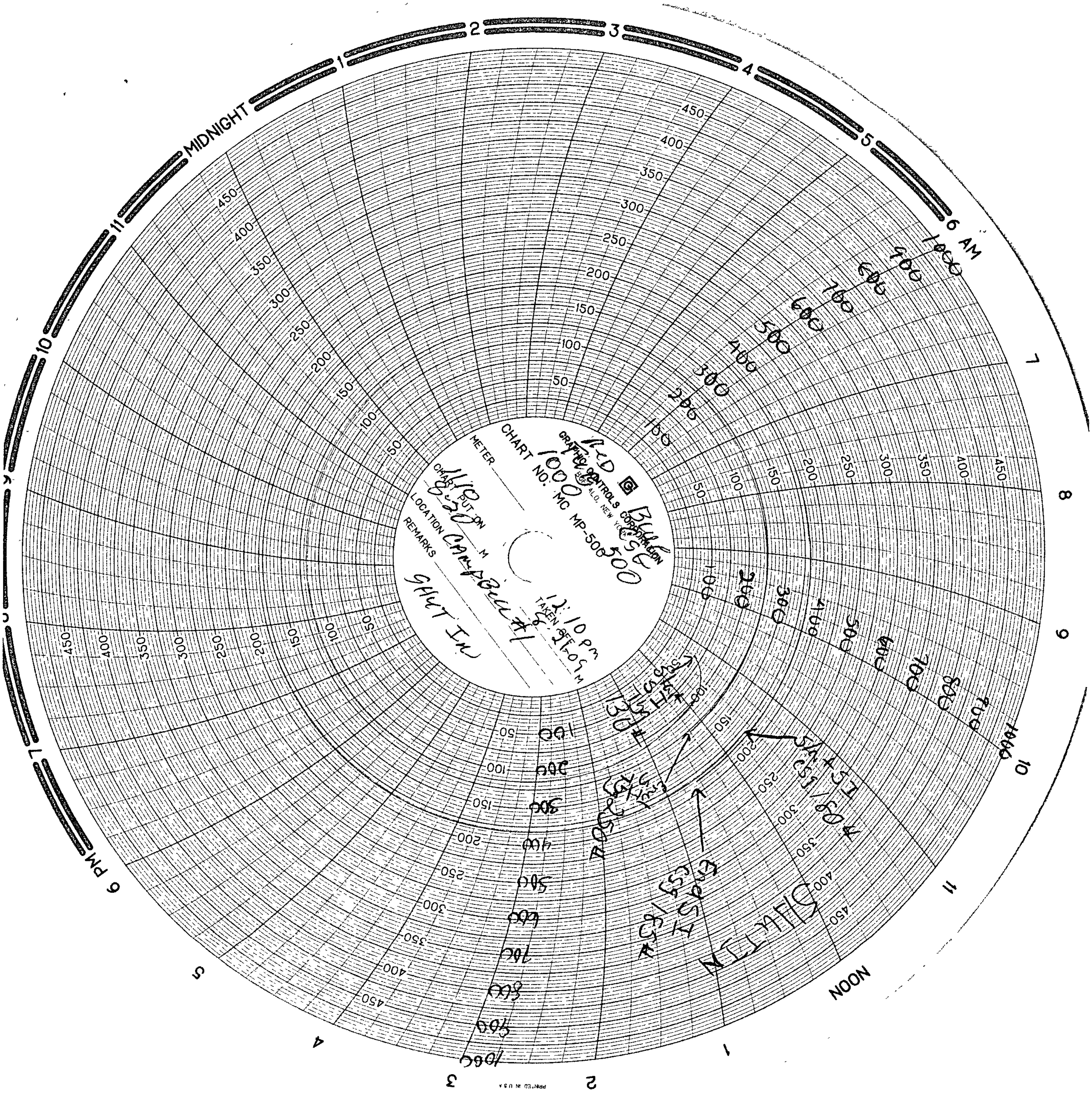
8-24-09 748-3759
Date Telephone No.

OIL CONSERVATION DIVISION

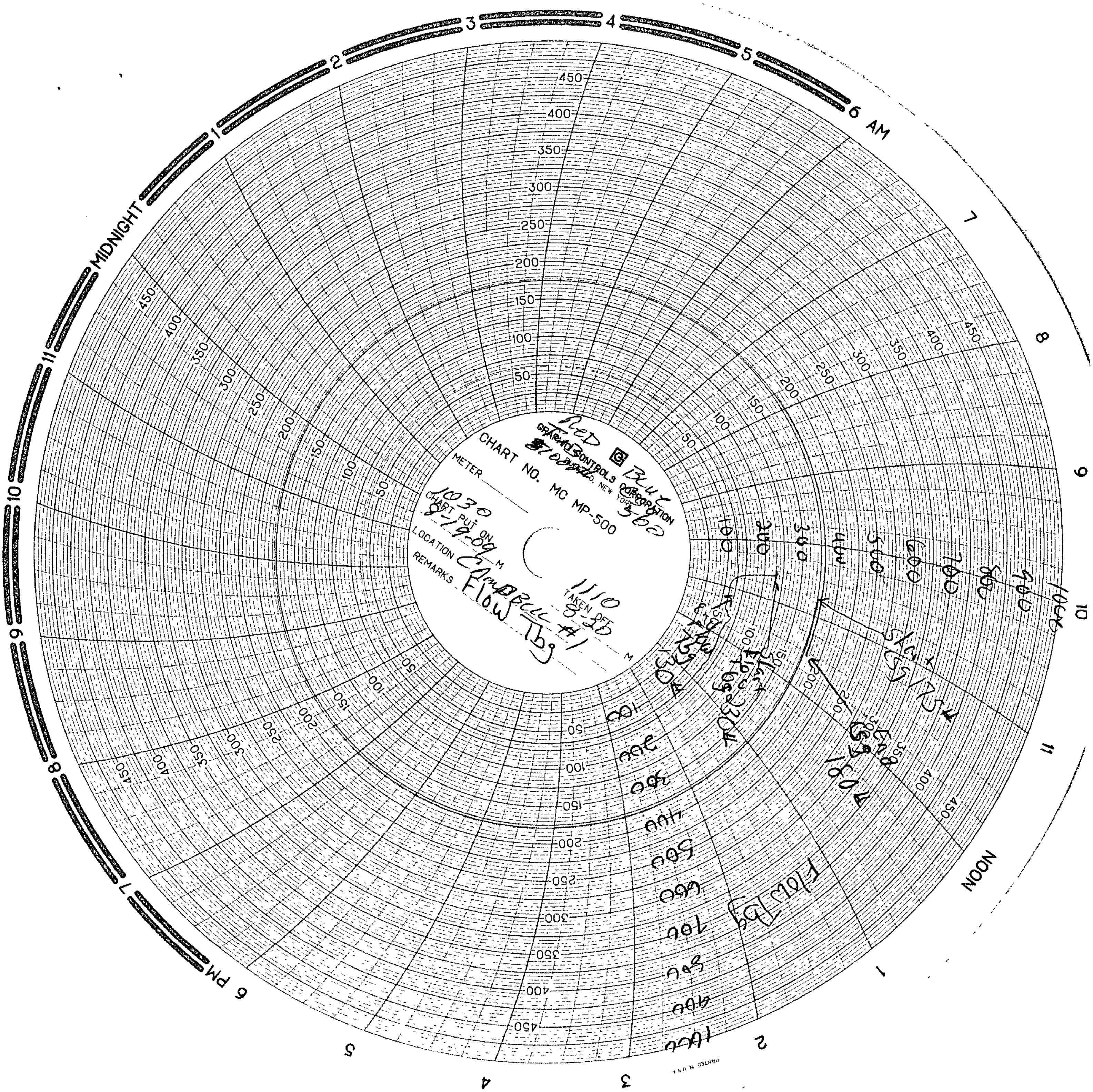
Date Approved 10/1/09

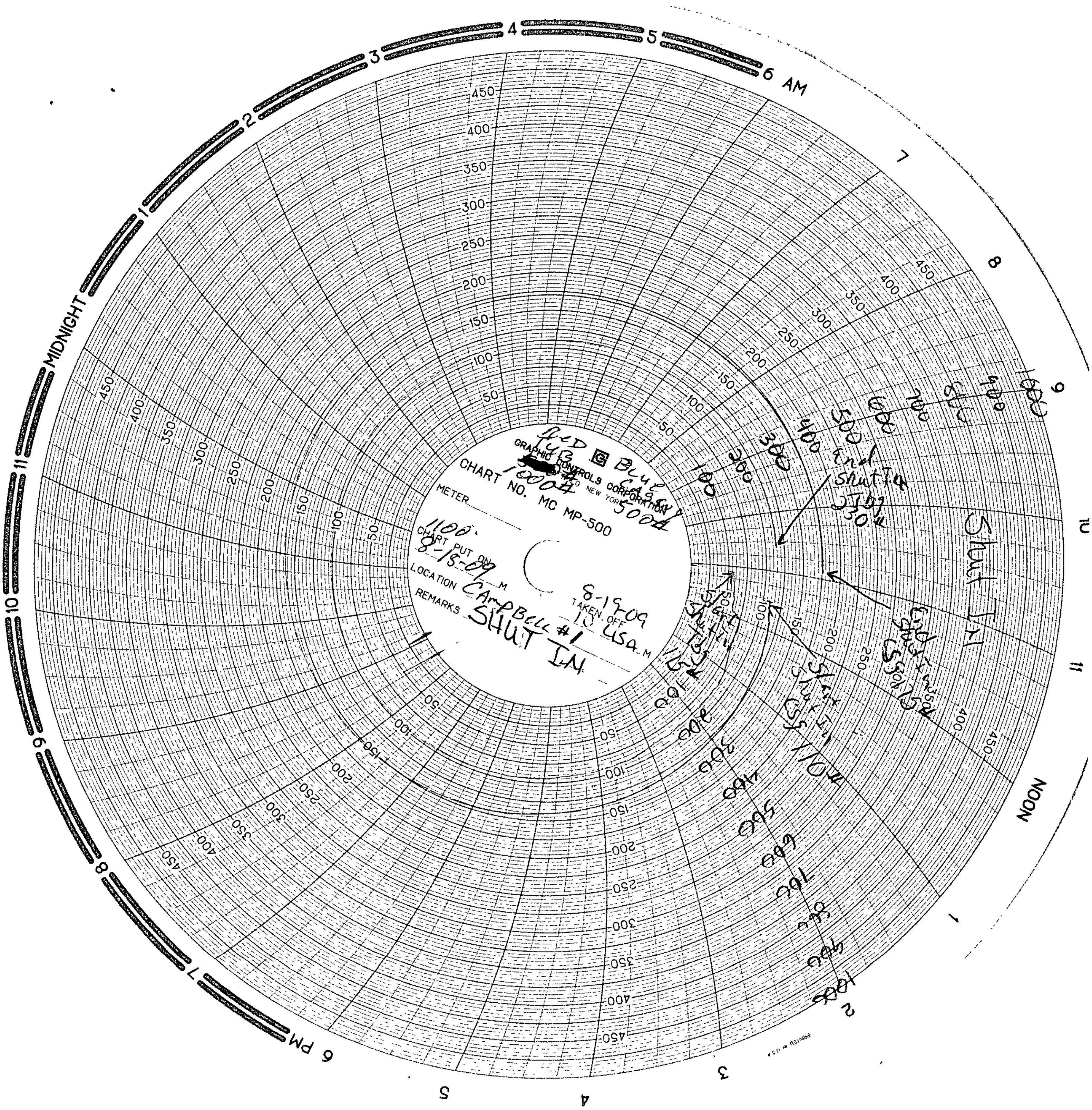
By Rechard Inge

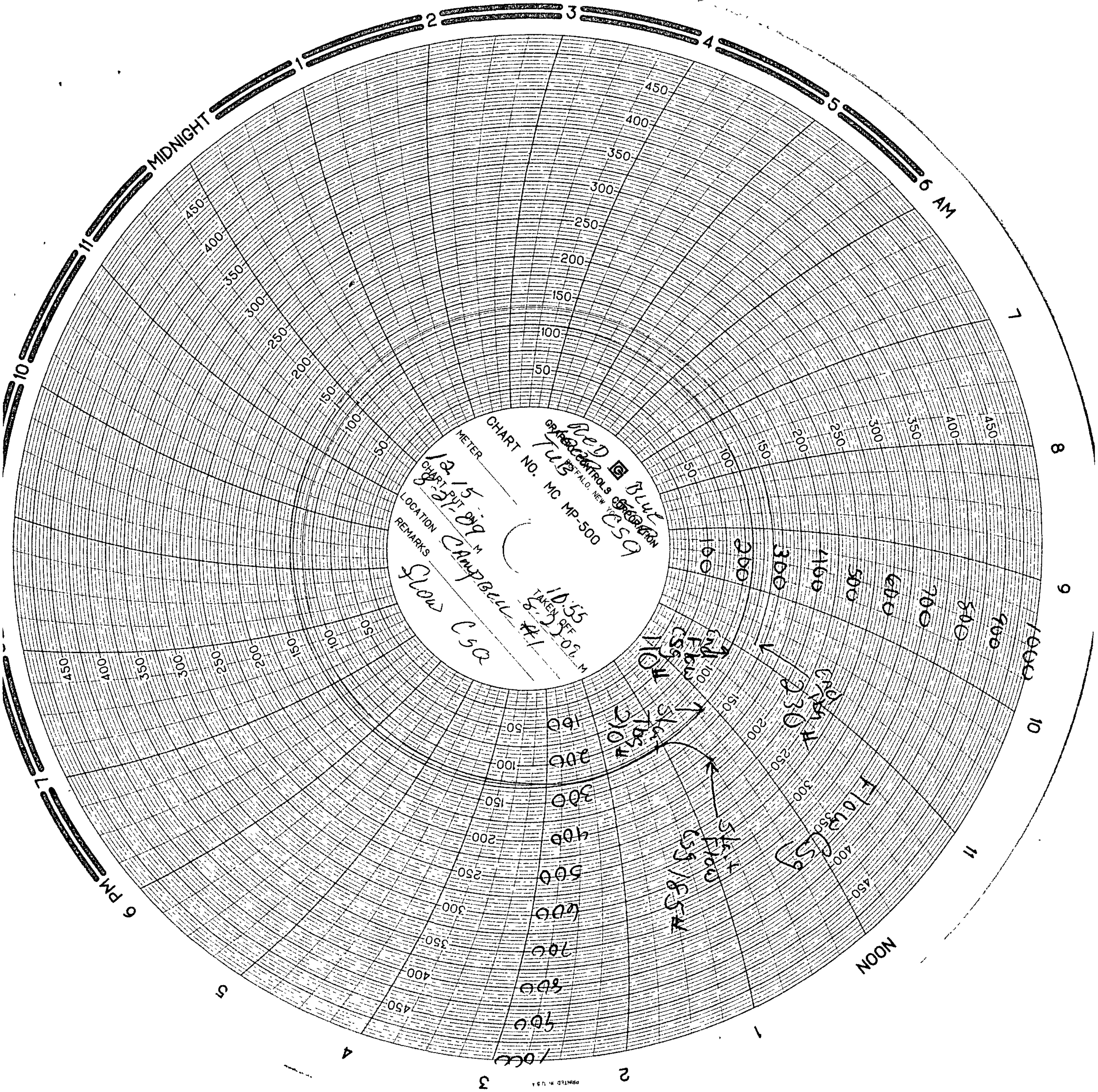
Title COMPLIANCE OFFICER



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
CHART NO. MC MP-500
METER
CHART PUT ON
TAKEN OFF
LOCATION
REMARKS
R.D. Bulk
1000
500
12:10 pm
Campbell #1
Shut In
MIDNIGHT
6 AM
NOON
6 PM
PRINTED IN U.S.A.


GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
CHART NO. MC MP-500
METER
CHART PUT ON
1030
8-19-09
LOCATION
Campbell #1
REMARKS
Flow Tbg
TAKEN OFF
1110
8-20
Red Bull
MIDNIGHT
6 AM
NOON
6 PM
PRINTED IN U.S.A.


GRAPHIC CONTROLS CORPORATION
CHART NO. MC MP-500
METER
1100
CHART PUT ON 8-18-09 M
LOCATION CAMPBELL #1
REMARKS SHUT IN
8-19-09
TAKEN OFF M
MIDNIGHT
6 AM
NOON
6 PM
Shut In



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
CHART NO. MC MP-500
METER
CHART PUT ON
12:15
8-27-09
LOCATION
Campbell #1
REMARKS
Flow CSQ
TAKEN OFF
10:55
8-28-09
Red Blue
Tub CSQ
MIDNIGHT
6 AM
NOON
6 PM
Flow CSQ
PRINTED IN U.S.A.