

AUG 24 2009

Submit 3 Copies to
Appropriate Dist. Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Revised 1-1-89

INSTRUCTIONS ON REVERSE
SIDE

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

This form is not to be used for
reporting packer leakage tests in
Northwest New Mexico

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

30-015-62686

Operator	EASTLAND Oil			Lease	EASTLAND St			Well No.	4
Location of Well	Unit	Sec.	Twp	Rge	County			Chaves	
	K	13	9S	26E					
	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	Wolfcamp			GAS	Flow	Csg			
Lower Compl	Pre-Permian			GAS	Flow	Tbg			

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 11:30am 18-18-09

Well opened at (hour, date): 10:50am 18-19-09

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		X
Pressure at beginning of test.....	140	210
Stabilized? (Yes or No).....	YES	YES
Maximum pressure during test.....	160	210
Minimum pressure during test.....	140	120
Pressure at conclusion of test.....	160	120
Pressure change during test (Maximum minus Minimum).....	20	90
Was pressure change an increase or a decrease?.....	Increase	Decrease

Well closed at (hour, date): 11:30am 18-20-09 Total Time On Production 24 HRS.

Oil Production _____ Gas Production _____

During Test _____ bbls; Grav. _____ During Test _____ MCF; GOR _____

Remarks No Indication of Packer Leak

FLOW TEST NO. 2

Well opened at (hour, date): 12:30pm 18-21-09

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	X	
Pressure at beginning of test.....	165	215
Stabilized? (Yes or No).....	YES	YES
Maximum pressure during test.....	165	235
Minimum pressure during test.....	115	215
Pressure at conclusion of test.....	115	235
Pressure change during test (Maximum minus Minimum).....	50	20
Was pressure change an increase or a decrease?.....	Decrease	Increase

Well closed at (hour, date): 11:15am 18-22-09 Total time on Production 23 HRS.

Oil production _____ Gas Production _____

During Test _____ bbls; Grav. _____ During Test _____ MCF; GOR _____

Remarks No Indication of Packer Leak

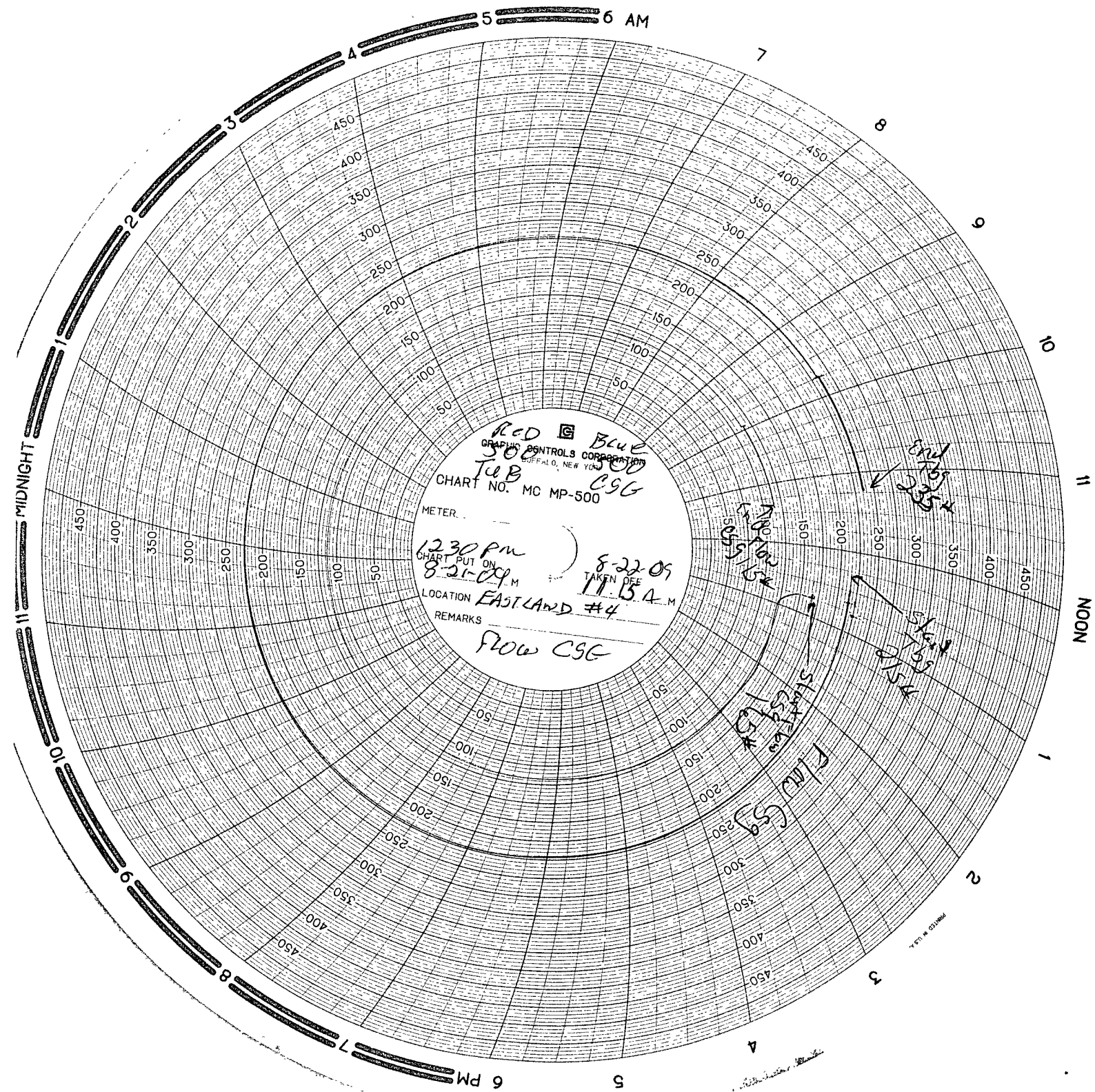
OPERATOR CERTIFICATE OF COMPLIANCE

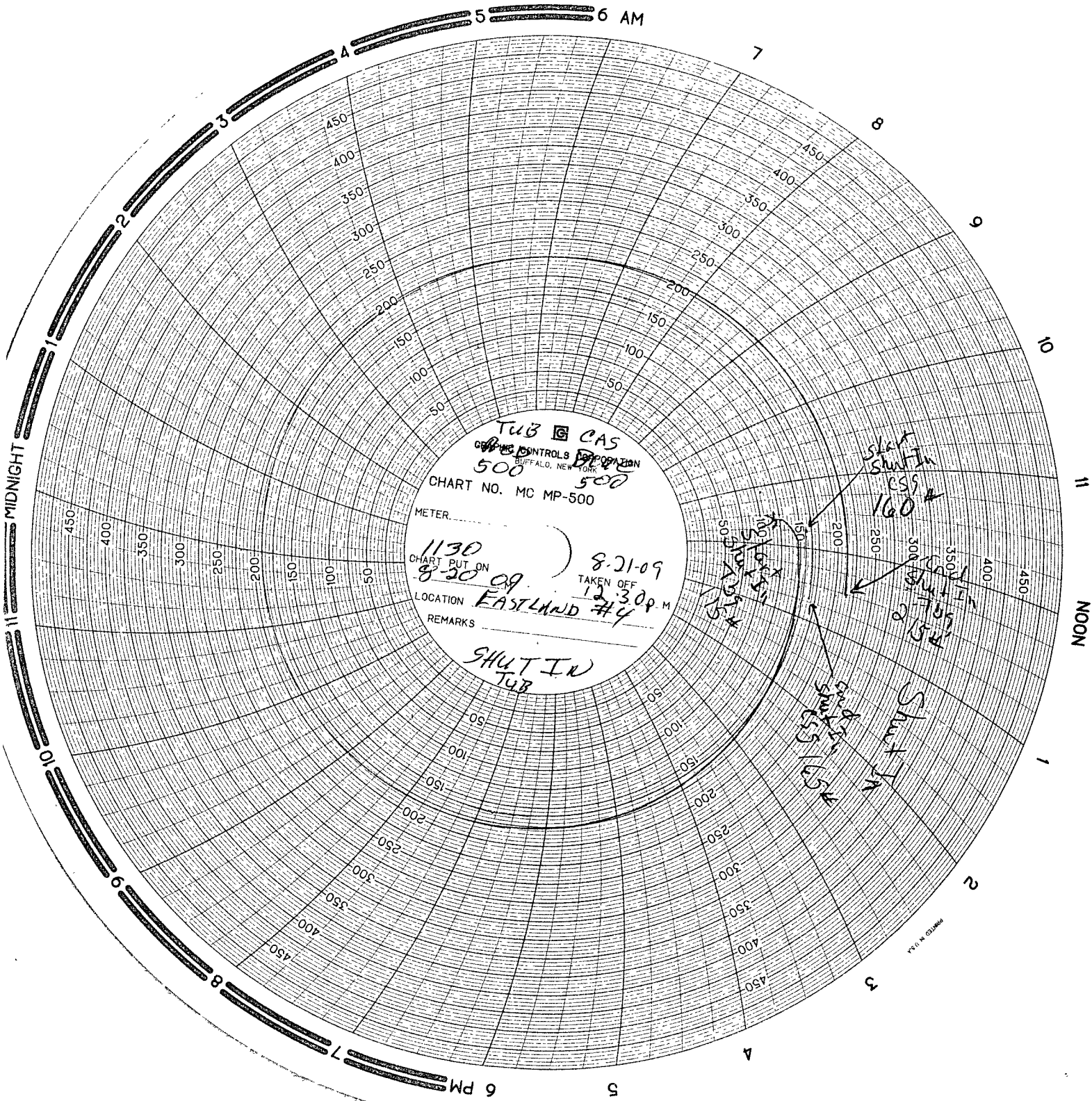
I hereby certify that the information contained herein is true
and completed to the best of my knowledge

Keltic Services, Inc
Operator
Juan F. Guayardo
Signature
Juan F. Guayardo Taster
Printed Name
6-24-09 748-3759
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved 10/1/09
By Rebecca Ince
Title Compliance Officer





MIDNIGHT

11

NOON

1

2

3

4

5

6 PM

6 AM

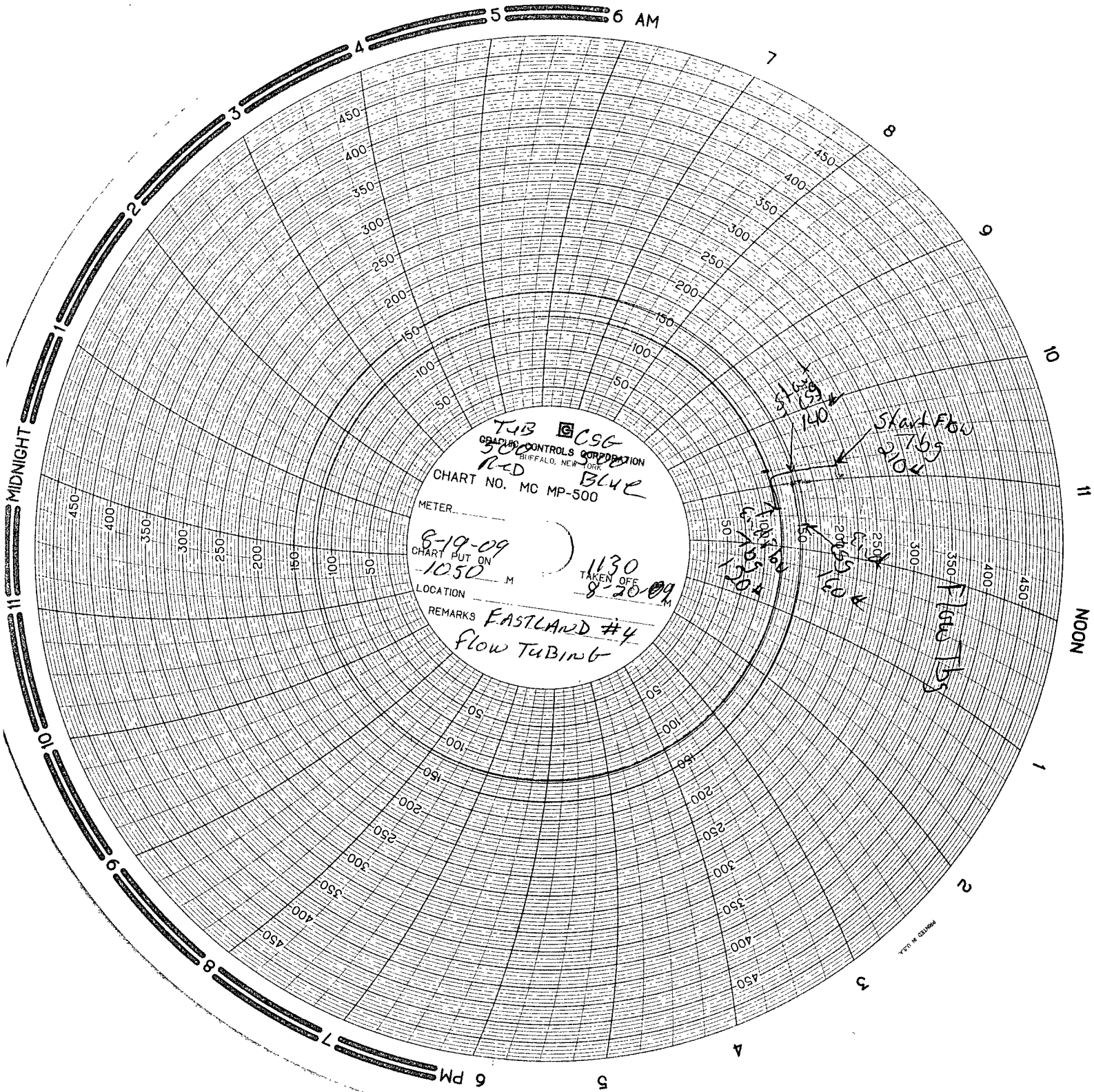
5

4

3

2

1



TUB CSG
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
CHART NO. MC MP-500
RED BLUE

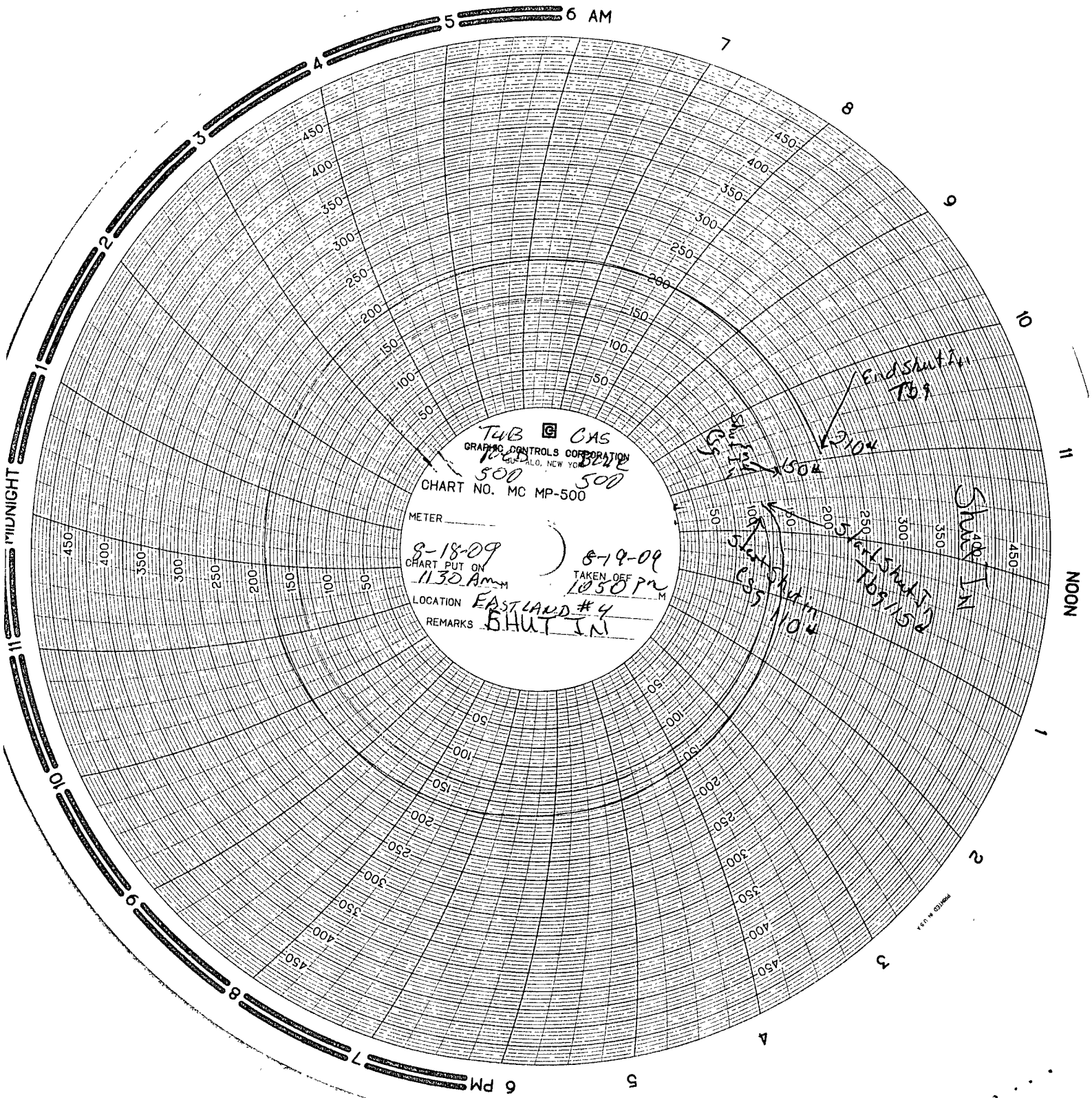
METER
8-19-09
CHART PUT ON 1050 M
LOCATION

TAKEN OFF 8-20-09

REMARKS EASTLAND #4
Flow Tubing

Start Flow 11:30
Flow Tubing 1:00
100
150
200
250
300
350
400
450

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TUB CAS
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
500 500
CHART NO. MC MP-500
METER _____
8-18-09 8-19-09
CHART PUT ON 1130 AM TAKEN OFF 1050 PM
LOCATION EASTLAND #4
REMARKS SHUT IN

End Shut In
Tb1
104
1504
Shut In
Tb1
104
1504
Shut In
Tb1
104
1504