

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 <u>YATES Petroleum Corp</u>		Lease <u>TERRA 35 ST.</u>		Well No. <u>1</u>	
Location of Well	Unit <u>H</u>	Sec. <u>35</u>	Twp <u>9</u>	Rge <u>26</u>	County <u>CHAVES</u>
Name of Reservoir or Pool			Type of Prod. (Oil or Gas)	Method of Prod. Flow, Art Lift	Prod. Medium (Tbg. or Csg)
Upper Compl	<u>Ranch floor DEVONIAN</u>		<u>GAS</u>	<u>Flow</u>	<u>TBG.</u>
Lower Compl	<u>Ranch floor Wolfcamp</u>		<u>GAS</u>	<u>Flow</u>	<u>CSG.</u>
					Choke Size
					<u>24/64</u>
					<u>24/64</u>

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:15 AM 8-16-2002

Well opened at (hour, date): 12:00 AM 8-16-2002

	Upper Completion	Lower Completion
Indicate by ( X ) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>180</u>	<u>290</u>
Stabilized? (Yes or No).....	<u>YES</u>	<u>YES</u>
Maximum pressure during test.....	<u>180</u>	<u>450</u>
Minimum pressure during test.....	<u>150</u>	<u>290</u>
Pressure at conclusion of test.....	<u>150</u>	<u>450</u>
Pressure change during test (Maximum minus Minimum).....	<u>30</u>	<u>160</u>
Was pressure change an increase or a decrease?.....	<u>DECREASE</u>	<u>INCREASE</u>
Well closed at (hour, date): <u>8:20 AM 8-17-02</u>	Total Time On Production <u>20 HRS</u>	
Oil Production During Test: <u>0</u> bbls; Grav. <u>0</u>	Gas Production During Test: <u>0</u> MCF; GOR <u>—</u>	
Remarks <u>0 1120</u>		

FLOW TEST NO. 2

	Upper Completion	Lower Completion
Well opened at (hour, date): <u>8:30 AM 8-17-02</u>		<u>X</u>
Indicate by ( X ) the zone producing.....		
Pressure at beginning of test.....	<u>150</u>	<u>450</u>
Stabilized? (Yes or No).....	<u>YES</u>	<u>YES</u>
Maximum pressure during test.....	<u>210</u>	<u>450</u>
Minimum pressure during test.....	<u>150</u>	<u>170</u>
Pressure at conclusion of test.....	<u>210</u>	<u>170</u>
Pressure change during test (Maximum minus Minimum).....	<u>60</u>	<u>280</u>
Was pressure change an increase or a decrease?.....	<u>INCREASE</u>	<u>DECREASE</u>
Well closed at (hour, date): <u>10:10 8-18-02</u>	Total time on Production <u>25 HRS 40 min.</u>	
Oil production During Test: <u>0</u> bbls; Grav. <u>0</u>	Gas Production During Test: <u>529</u> MCF; GOR <u>—</u>	
Remarks <u>2 BBL 160</u>		

OPERATOR CERTIFICATE OF COMPLIANCE

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

YATES Petroleum Corp.

Operator Jeff Deck  
Signature Jeff Deck

Printed Name

8-21-02

Date

Measurement Tech.

Title

505-622-9875

Telephone No.

OIL CONSERVATION DIVISION

AUG 30 2002

Date Approved

By [Signature]

Title [Signature]