

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

Operator	Eastland Oil Company			Lease	Eastland St		Well No.	44
Location of Well	Unit	Sec.	Twp	Rge	County			
	K	13	5	26E	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	Wolfcamp		GAS	Flow	Csg			
Lower Compl	Pre-Permian		GAS	Flow	Tbg			

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 11:45am / 8-19-02

Well opened at (hour, date): 11:00am / 8-20-02

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		X
Pressure at beginning of test.....	270	180
Stabilized? (Yes or No).....	NO	YES
Maximum pressure during test.....	285	298
Minimum pressure during test.....	270	180
Pressure at conclusion of test.....	285	298
Pressure change during test (Maximum minus Minimum).....	15	118
Was pressure change an increase or a decrease?.....	Increase	Decrease
Well closed at (hour, date): <u>11:10am / 8-21-02</u>	Total Time On Production	24 Hrs
Oil Production	Gas Production	
During Test: _____ bbls; Grav. _____	During Test	MCF; GOR _____
Remarks <u>No Indication of Packer leak.</u>		

FLOW TEST NO. 2

Well opened at (hour, date): 10:50am / 8-22-02

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	X	
Pressure at beginning of test.....	285	298
Stabilized? (Yes or No).....	YES	YES
Maximum pressure during test.....	285	298
Minimum pressure during test.....	150	180
Pressure at conclusion of test.....	190	240
Pressure change during test (Maximum minus Minimum).....	148	115
Was pressure change an increase or a decrease?.....	Decrease	Decrease
Well closed at (hour, date): <u>12:00pm / 8-23-02</u>	Total time on Production	25 Hrs
Oil production	Gas Production	
During Test: _____ bbls; Grav. _____	During Test	MCF; GOR _____
Remarks <u>May Show Indication of a Packer Leak.</u>		

OPERATOR CERTIFICATE OF COMPLIANCE

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

Kellie Services Inc.

Operator

Julian F. Guayardo

Signature

Julian F. Guayardo Tester

Printed Name

Title

8-26-02

748-3759

OIL CONSERVATION DIVISION

Date Approved SEP 10 2002

By

Title

Wild Sep 10