

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 <u>YATES Petroleum Corp</u>		Lease <u>Engwall 'RL'</u>		Well No. <u>3</u>	
Location of Well	Unit <u>A</u>	Sec. <u>04</u>	Twp. <u>09S</u>	Rge. <u>26E</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)	Choke Size
Upper Compl	<u>Wolfcamp</u>	<u>GAS</u>	<u>Flow</u>	<u>CS9</u>	
Lower Compl	<u>Ordov.</u>	<u>GAS</u>	<u>Flow</u>	<u>TRG</u>	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 8:00 Am 11-16-02

Well opened at (hour, date): 9:00 Am 11-16-02

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?.....

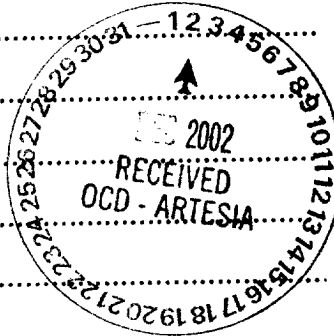
Well closed at (hour, date): 9:00 Am 11-17-02

Oil Production During Test: _____ bbls; Grav. _____

Gas Production During Test: 320 MCF

Total Time On Production: 24 HRS.

MCF; GOR _____



Remarks _____

Well opened at (hour, date): 9:10 Am 11-17-02

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): 8:40 11-18-02

Oil production During Test: _____ bbls; Grav. _____

Gas Production During Test: 177 MCF

Total time on Production: 23.5 HRS

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 Corp.

Operator

Signature

Printed Name

Title

Date

Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By

Title

DEC 5 2002

[Signature]

Field Rep ID