Submit 3 Copies to Appropriate Dist. Office

State of New Mexico
Energy, Minerals and Natural Resources Department

INSTRUCTIONS ON REVERSE SIDE

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

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

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator		Lease		Well No.
YATES Petroleum Corp		ENGWALL 'RL'		3
Location of Well: Unit	Sec.	Twp	Rge	County
K A	04	09S	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	ORDOV.	GAS	Flow	TBG	

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

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	190	150
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	210	150
Minimum pressure during test	190	120
Pressure at conclusion of test	210	120
Pressure change during test (Maximum minus Minimum)	20	30
Was pressure change an increase or a decrease?	INCREASE	DECREASE

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Well closed at (hour, date): 9:00 Am 11-17-02 Total Time On Production 24 Hrs.

Oil Production During Test: _____ bbls; Grav. _____ Gas Production During Test 320 MCF MCF; GOR _____

Remarks _____

FLOW TEST NO. 2

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

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	210	140
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	210	155
Minimum pressure during test	170	140
Pressure at conclusion of test	170	155
Pressure change during test (Maximum minus Minimum)	40	15
Was pressure change an increase or a decrease?	DECREASE	INCREASE

Well closed at (hour, date) 8:40 11-18-02 Total time on Production 23.5 Hrs

Oil production During Test: _____ bbls; Grav. _____; Gas Production During Test 177 MCF 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

Jeff Heck
Signature

Jeff Heck — Measurement Tech.
Printed Name — Title

11-20-02 — 505-622-9874
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 5 2002

By _____

Title Field Rep II