

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

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>ELK OIL</u>		Lease <u>State SE</u>		Well No. <u>44</u>	
Location of Well	Unit <u>m</u>	Sec. <u>23</u>	Twp <u>9S</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>Cisco</u>		<u>Gas</u>	<u>Flow</u>	<u>Csg</u>	
Lower Compl: <u>Ordovician</u>		<u>Gas</u>	<u>Flow</u>	<u>Tbg</u>	

FLOW TEST NO. 1

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

Well opened at (hour, date): 11:30Am / 8-9-02

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): 12:15Pm / 8-10-02

Oil Production

During Test: _____ bbls; Grav. _____

Gas Production

During Test

Total Time On
Production

MCF; GOR

Remarks No Indication of Packer Leakage.

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

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): 11:30Am / 8-12-02

Oil production

During Test: _____ bbls; Grav. _____

Gas Production

During Test

Total time on
Production

MCF; GOR

Remarks No Indication of Packer Leakage.

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

Signature

Printed Name

Date

Title

Telephone No.

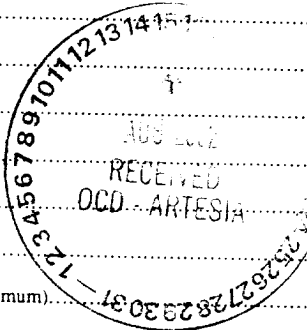
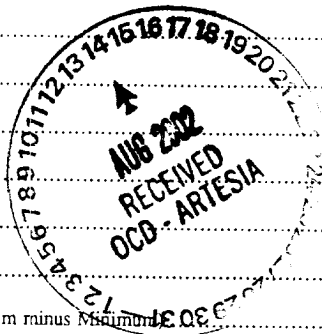
OIL CONSERVATION DIVISION

Date Approved

By

Title

C151
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AUG 21 2002