

This form is not to be used
For reporting Packer Leakage
Test in Northwest New Mexico

NEW MEXICO OIL CONSERVATION DIVISION
SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator Pure Resources Lease Skelly UC Well No. 2
Location Of Well: Unit E Section 19 Township 21S Range 37E County Lea

	Name of Reservoir or Pool	Type of Prod. (Oil or Gas)	Method of Prod. (Flow Art. Lift)	Prod. Medium (Tbg. Or Cag.)	Choke Size
Upper Completion	<u>Penrose Skelly</u>	<u>oil</u>	<u>Art. Lift</u>	<u>tubing</u>	<u>2"</u>
Lower Completion	<u>Dornard</u>	<u>oil</u>	<u>Art. Lift</u>	<u>Casing</u>	<u>2"</u>

Both zones shut-in at (hour, date): 3:00 P.M. 3-3-2003 **FLOW TEST NO. 1**

Well opened at (hour, date): 3:00 P.M. 3-4-2003 Upper Completion Lower Completion
3:00 P.M. 3-5-2003

Indicate by (X) the zone producing..... X X
Pressure at beginning of test..... 20 PSI 20 PSI
Stabilized? (Yes or No)..... yes yes
Maximum pressure during test..... 385 PSI 50 PSI
Minimum pressure during test..... 20 PSI 20 PSI
Pressure at conclusion of test..... 385 PSI 25 PSI
Pressure change during test (Maximum minus Minimum)..... 365 PSI 25 PSI
Was pressure change an increase or a decrease?..... Incr. Incr.

Well closed at (hour, date): _____ Total Time On Production 24 Hrs.
Oil Production _____ Gas Production _____
During Test: 2010 bbls; Grav. _____; During Test _____ MCF; GOR _____

Remarks: * volumes includes production for all strings

FLOW TEST NO. 2

Both zones shut-in at (hour, date): _____
Well opened at (hour, date): _____ Upper Completion Lower Completion
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): _____ Total Time On Production _____
Oil Production _____ Gas Production _____
During Test: _____ bbls; Grav. _____; During Test _____ MCF; GOR _____

Remarks: _____

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

OC DISTRICT SUPERVISOR/GENERAL MANAGER
New Mexico Oil Conservation Division

Operator _____

By Mike Portchard MAR 11 2003
Title Area Prod. Foreman

By _____
Title _____
Date _____