Appropriate Dist. Office

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

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

Energy, Minerals and Natural Resources Depar[illegible]t

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			Lease		Well No.
Raptor Resources Inc.			Mathins		4
Location of Well: Unit K	Sec. 14	Twp 23-S	Rge 36-E	County Lea	

	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	Langlie Mattix	Gas	Flow	Csg	Open
Lower Compl	Yates	Oil	Pump	Tbg	Open

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 3:00 PM - 07/09/01

Well opened at (hour, date): 3:00 PM - 07/10/01

	Upper Completion Casing	Lower Completion Tubing
Indicate by (X) the zone producing	X	
Pressure at beginning of test	8	103
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	6 3/4	103
Minimum pressure during test	6 1/2	69
Pressure at conclusion of test	6 3/4	70
Pressure change during test (Maximum minus Minimum)	1 1/4	34
Was pressure change an increase or a decrease?	Dec	Dec

Well closed at (hour, date): 3:00 PM 07/11/01 Total Time On Production: 24 / 0

Oil Production During Test: 0 bbls; Grav. _____ Gas Production During Test 26 MCF MCF; GOR _____

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 3:00 PM 07/12/01

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	18 1/2	28
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	18 1/2	28
Minimum pressure during test	18	10
Pressure at conclusion of test	19	14
Pressure change during test (Maximum minus Minimum)	1/2#	18#
Was pressure change an increase or a decrease?	Dec	Dec

Well closed at (hour, date) 3:00 PM 07/13/01 Total time on Production: 0 / 24

Oil production During Test: 1.5 bbls; Grav. 38; Gas Production During Test 2 MCF MCF; GOR 1.3

Remarks _____

OPERATOR CERTIFICATE OF COMPLIANCE

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

Raptor Resources, Inc.
Operator

Joel Sisk
Signature

Joel Sisk — Production Foreman
Printed Name — Title

7-20-01 — 394-2574
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____

By _____

Title _____