Submit 3 Copies to Appropriate Dist. Office

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

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

State of New Mexico
Energy, Minerals and Natural Resources Depart.

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Revised 1-1-89

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.			State A A/C-1			53
Location of Well	Unit	Sec.	Twp	Rge	County	
	E	24	23-S	36-E	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	Jalmat	Gas	Flow	Csg	Open
Lower Compl	Langlie Mattix	Gas	Flow	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	2	4
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	3 1/2	5
Minimum pressure during test	2	3 1/2
Pressure at conclusion of test	3 1/2	5
Pressure change during test (Maximum minus Minimum)	1 1/2	1 1/2
Was pressure change an increase or a decrease?	Inc	Inc

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

Oil Production During Test: 0 bbls; Grav. _____ Gas Production During Test 43 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	6	7
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	6 1/2	7 1/2
Minimum pressure during test	6	7
Pressure at conclusion of test	6 1/2	7 1/2
Pressure change during test (Maximum minus Minimum)	1/2#	1/2#
Was pressure change an increase or a decrease?	Inc	Inc

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

Oil production During Test: .5 bbls; Grav. _____; Gas Production During Test 3 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

Raptor Resources, Inc.
Operator

Joel Sisk
Signature

Joel Sisk — Production Foreman
Printed Name — Title

7-20-01 — 394-2574

OIL CONSERVATION DIVISION

Date Approved AUG 13 2001

By _____

Title _____


JUL 2001
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Hobbs
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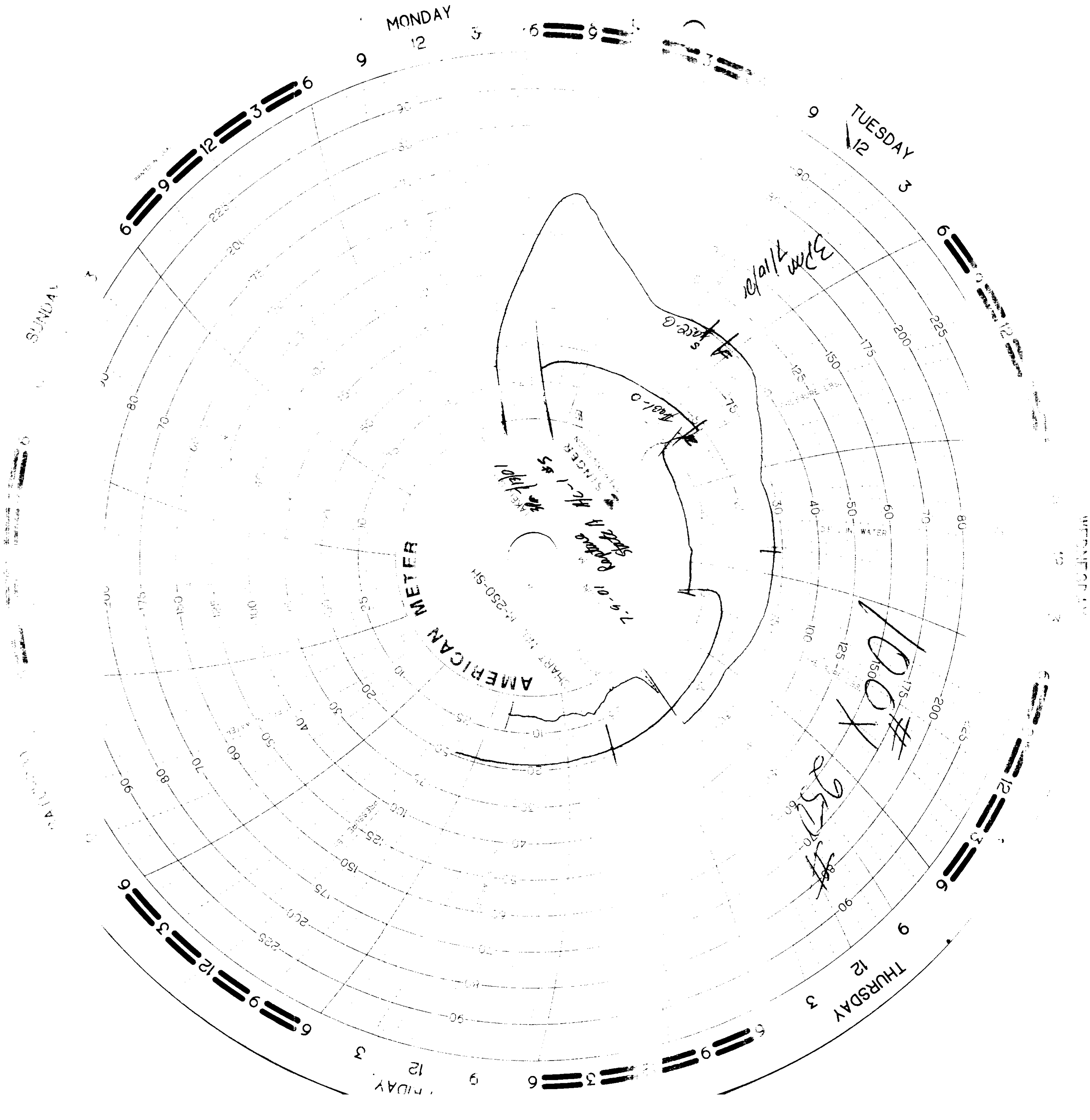
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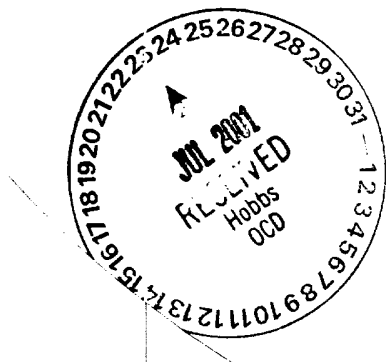
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