

API No.: 42-		7. RRC District No.			
OIL WELL POTENTIAL TEST, COMPLETION OR RECOMPLETION REPORT, AND LOG		8. RRC Lease No.			
1. Field Name (as per RRC Records or Wildcat)	2. Lease Name	9. Well No.			
3. Operator's Name (exactly as shown on Form P-5, Organization Report)		RRC Operator No.			
4. Operator's Address (include street, city, state, zip code)		10. County			
5a. Location (section, block and survey)		11. Purpose of filing A. Producers <input type="checkbox"/> Initial potential <input type="checkbox"/> Retest <input type="checkbox"/> Reclass <input type="checkbox"/> Well record only (explain in remarks)			
5b. This well is located _____ miles in a _____ direction from _____, which is the nearest town in the county.					
6. Well Latitude/Longitude (minimum five decimal places required):					
6. Well Latitude/Longitude (minimum five decimal places required):		B. Injection/Disposal/Storage/Brine Mining <input type="checkbox"/> Initial completion <input type="checkbox"/> Reclass <input type="checkbox"/> Well record only (explain in remarks)			
12a. Spud date	13. If recompletion or reclass, give former field (with reservoir) & Gas ID or Oil Lease No. If multiple completion, list all reservoir names (completions in this well) and Gas ID or Oil Lease No. <input type="checkbox"/> Recompletion or reclass <input type="checkbox"/> Multiple completion				
12b. Date of first production after rig released	Field & Reservoir		Gas ID or Oil Lease No.	Well No.	Prior Service Type (oil, gas, injection/disposal, other)
14. Type(s) of electric or other log(s) run					

INITIAL POTENTIAL TEST DATA FOR NEW COMPLETION OR RECOMPLETION (leave blank if filed for another purpose)					
IMPORTANT: Test should be for 24 hours unless otherwise specified in field rules					
15. Date of test	16. No. of hours tested	17. Production method (flowing, gas lift, jetting, pumping - size & type of pump)			18. Choke size
19. Production during test period:	Oil (BBLS)	Gas (MCF)	Water (BBLS)	Gas - Oil Ratio	Flowing Tubing Pressure (PSIG)
	20. Calculated 24-Hour Rate:	Oil (BBLS)	Gas (MCF)	Water (BBLS)	Oil Gravity - API - 60°
21. Was swab used during this test? <input type="checkbox"/> YES <input type="checkbox"/> NO			22. Oil produced prior to test (new & recompleted wells):		

DATA ON WELL COMPLETION					
23. Type of completion <input type="checkbox"/> New well <input type="checkbox"/> Deepening <input type="checkbox"/> Side track <input type="checkbox"/> Other <input type="checkbox"/> Re-entry <input type="checkbox"/> Plug back <input type="checkbox"/> Recompletion (explain in remarks)			24. Permit to Drill, Plug Back, or Deepen	DATE	PERMIT NO.
			Rule 37 Exception	DATE	CASE NO.
25. Number of producing wells on this lease in this field (reservoir) including this well		26. Total number of acres in lease		Fluid Injection Permit	DATE PERMIT NO. F -
27. Date of plug back, deepening, recompletion, or drilling operations		Commenced	Ended	O&G Waste Disposal Permit	DATE PERMIT NO.
29. Elevation (DF, RKB, RT, GR, etc.)		28. Distance to nearest well in this lease & reservoir			
		30. Was directional survey made other than inclination (Form W-12)? <input type="checkbox"/> YES <input type="checkbox"/> NO			

31. Total Depth (ft.)		32. Plug Back Depth (ft.)		33. For new drill or re-entry, surface casing depth determined by: <input type="checkbox"/> GAU Groundwater Protection Determination Depth: _____ Date: _____ <input type="checkbox"/> SWR 13 Exception Depth: _____	
TVD	MD	TVD	MD		
34. Rotation time within surface casing (hours)		35. Is Cementing Affidavit (Form W-15) attached? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Form W-2

API No.: 42-

36. CASING RECORD											
Row	Type of Casing (conductor, surface, intermediate, conventional production, tapered production, or other)	Casing Size (in.)	Hole Size (in.)	Setting Depth (ft.)	Multi-Stage Tool Depth (ft.)	Multi-Stage Shoe Depth (ft.)	Cement Class	Cement Amount (sacks)	Slurry Volume (cu. ft.)	Top of Cement	Top of Cement Determined By
1											
2											
3											
4											

37. LINER RECORD									
Row	Liner Size (in.)	Hole Size (in.)	Liner Top (ft.)	Liner Bottom (ft.)	Cement Class	Cement Amount (sacks)	Slurry Volume (cu. ft.)	Top of Cement	Top of Cement Determined By
1									
2									

38. TUBING RECORD				39. PRODUCING/INJECTION/DISPOSAL INTERVAL			
Does this well currently have tubing set? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SWR 13 Exception (attach approval) (if NO & no SWR 13 Exception obtained, explain in remarks)				Indicate top and bottom measured depths of completion interval(s) or open hole			
Size (in.)	Depth Set (ft.)	Packer Depth/Type		From	To		
				From	To		
				From	To		
				From	To		
				From	To		

ACID, FRACTURE, CEMENT SQUEEZE, CAST IRON BRIDGE PLUG, RETAINER, ETC.				
40. Was hydraulic fracturing treatment performed? <input type="checkbox"/> YES <input type="checkbox"/> NO	41. Is well equipped with a downhole actuation sleeve? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide actuation pressure (PSIG)	42. Production casing test pressure (PSIG) prior to hydraulic fracturing treatment	43. Actual maximum pressure (PSIG) during hydraulic fracturing	44. Has the hydraulic fracturing fluid disclosure been reported to FracFocus disclosure registry (SWR 29)? <input type="checkbox"/> YES <input type="checkbox"/> NO
Type of Operation (indicate acid, fracture, cement squeeze, cast iron bridge plug, retainer, etc.)	Amount and Kind of Material used		Depth Interval (ft.)	
			From	To
			From	To
			From	To

45. FORMATION RECORD				
(list depths of principal geological markers and formation tops, including, but not limited to, all permitted disposal/injection formations within 1/4-mile of the wellbore, productive zones, potential flow zones, and corrosive formation fluid zones)				
Principal Geological Markers and Formation Tops	Depth (ft.)		Indicate if formation is a permitted disposal/injection formation, productive zone, potential flow zone, and/or a zone with corrosive formation fluids	Is formation isolated in this well? (YES/NO) (if NO, explain in remarks)
	TVD	MD		

46. Do the producing intervals of this well produce H ₂ S with a concentration in excess of 100 ppm (SWR 36)? <input type="checkbox"/> YES <input type="checkbox"/> NO	47. Is the completion being down-hole commingled (SWR 10)? <input type="checkbox"/> YES <input type="checkbox"/> NO
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REMARKS:

OPERATOR'S CERTIFICATION: I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this report, that I prepared or supervised and directed this report, and that data and facts stated therein are true, correct, and complete, to the best of my knowledge.

Signature: Operator's representative _____ Title _____ Tel: _____ Area Code _____ Number _____

Printed Name _____ Date _____ Email (include email address *only* if you affirmatively consent to its public release) _____