

TEST ON AN INACTIVE  
WELL MORE THAN  
25 YEARS OLD

*file room*

READ INSTRUCTIONS ON BACK

1. OPERATOR NAME exactly as on P-5, Organization Report  John R. Parish		2. OPERATOR P-5 NO.  639460		3. RRC DISTRICT NO.  8	
4. OPERATOR ADDRESS including city, state, and zip code  P. O. Box 1948 Andrews, Texas 79714		5. FIELD NAME exactly as on Proration Schedule  Fasken (Ellenburger)			
7. HISTORICAL WELLBORE DATE Drilling (spud) <input type="checkbox"/> date of wellbore Earliest completion <input checked="" type="checkbox"/> date in wellbore (if drilling date unknown) 07/15/58		8. OIL LEASE OR GAS ID NO.  10850		9. WELL NO.  2L	
10. DATE TEST PERFORMED  12/27/96		11. BASE OF DEEPEST USABLE-QUALITY WATER (subsurface)  1650		12. COUNTY  Andrews	
13. API NO.  42- 003-00599		14. TYPE OF TEST. COMPLETE EITHER A. OR B.  <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input checked="" type="checkbox"/> <b>A. Annual Fluid Level Test.</b>             Top of fluid in wellbore: <u>2242</u>            (give total depth of wellbore if no fluid is encountered)             Determined by:  <input checked="" type="checkbox"/> sonic survey    <input type="checkbox"/> wireline    <input type="checkbox"/> visual (to be used only when the top of fluid is visible from surface)  <input type="checkbox"/> Other; specify _____            Performed by: (name of individual and company)             Gene Hamilton/John R. Parish         </div> <div style="width: 48%;"> <input type="checkbox"/> <b>B. Mechanical Integrity Test.</b>             Type of mechanical integrity test performed (check one):  <input type="checkbox"/> Hydraulic Pressure — cast iron bridge plug/packer depth: _____  <input type="checkbox"/> other: (specify) _____             Reason for mechanical integrity test (check one):  <input type="checkbox"/> Substitute for annual fluid level test   <input type="checkbox"/> Required for well 25 or more years old AND inactive 10 years or more (effective January 1, 1997)         </div> </div>			
15. OPERATOR REMARKS		16. LOCATION. See Instruction No. 3 section: 13      block: 1      abstract: survey: U.L.S. well — perpendicular surface location from two nearest survey lines: 330 feet from South      line and 1980 feet from East      line.			
<p><b>CERTIFICATION.</b> I declare under felony conviction penalties prescribed in Texas Natural Resources Code, §91.143, that I am authorized to make this report, that this report was prepared by me or under my supervision and direction, and that the data and facts stated herein are true, correct, and complete to the best of my knowledge; further, I declare to the best of my knowledge, that this well is not 1) polluting or likely to pollute any ground or surface water nor 2) allowing escape of formation fluids from the strata in which they were originally located.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><i>Jana R. Peters</i> _____ Signature</p> <p>Agent _____ Title</p> </div> <div style="width: 50%;"> <p>Jana R. Peters _____ Name (print or type)</p> <div style="display: flex; justify-content: space-between;"> <div> <p>12/27/96 _____ Date</p> </div> <div> <p>915 , 523-5200 _____ Phone</p> </div> </div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>AUSTIN</p> <p><input type="checkbox"/> PENDING. Date forwarded to District for review:</p> </div> <div style="width: 50%;"> <p>RRC USE ONLY</p> <div style="display: flex; justify-content: space-between;"> <div> <p><input type="checkbox"/> APPROVED</p> <p><input type="checkbox"/> number of years mechanical integrity test approved for, if for less than 5 years (from date performed).</p> <p>review by _____</p> <p>review date _____</p> </div> <div> <p>DISTRICT</p> <p><input type="checkbox"/> NOT APPROVED</p> </div> </div> </div> </div>					