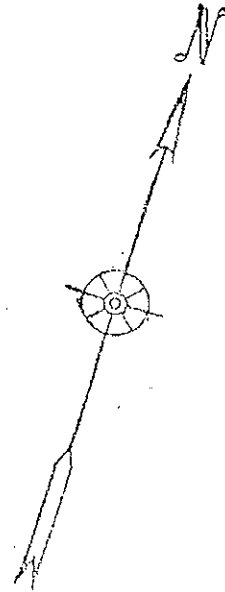
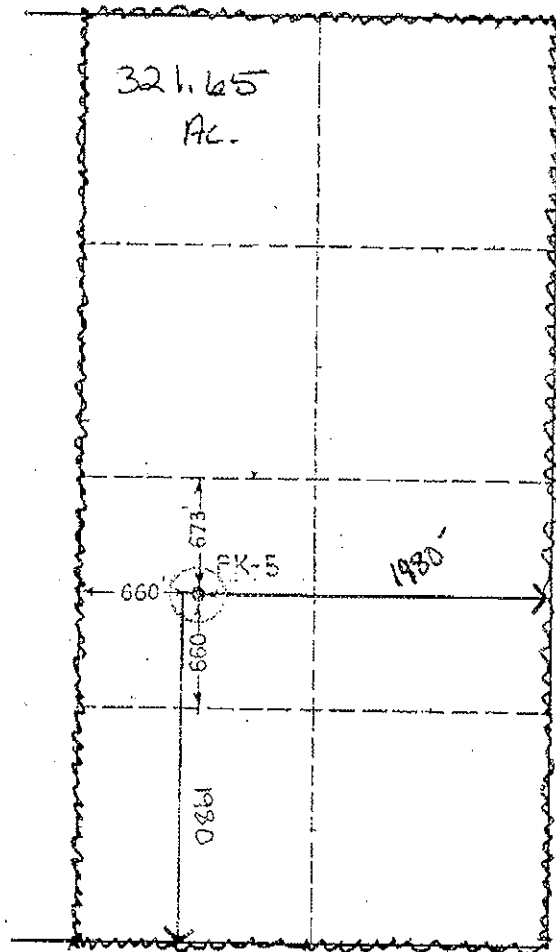


partial damages

104369-E/2

1. Permit Assigned No. 42-003-01689		RAILROAD COMMISSION OF TEXAS OIL AND GAS DIVISION		FORM W-1 EFF 10/04	
2. Operator Name (as shown on P-5 Organization Report): Americo Energy Resources LLC		3. Operator Address (include street, city, state, zip): 7575 San Felipe, Ste. 200 Houston, Tx 77063		Drilling Permit Fee Based on Depth: 0'-2000' \$200 2001'-4000' \$225 4001'-9000' \$250 >9000' \$300 Expedited Service Fee ADD \$150 Rule 37/38 Exception Fee ADD \$200	
4. Well No.: F5K					
APPLICATION FOR PERMIT TO DRILL, RECOMPLETE OR RE-ENTER					
Purpose of Filing (Mark ALL appropriate boxes): <input type="checkbox"/> New Drill <input type="checkbox"/> Recompletion <input type="checkbox"/> Reclass <input type="checkbox"/> Field Transfer <input checked="" type="checkbox"/> Re-enter <input type="checkbox"/> Amended <input type="checkbox"/> Amended as Drilled (BHL) (Also File Form W-1D)					
Wellbore Profile (Mark ALL appropriate boxes): <input checked="" type="checkbox"/> Vertical <input type="checkbox"/> Horizontal (Also File Form W-1H) <input type="checkbox"/> Directional (Also File Form W-1D) <input type="checkbox"/> Sidetrack					
Total Vertical Depth: 12,420		9. Do you have the right to develop minerals under any right of way? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		10. Is this well subject to Statewide Rule 36 (hydrogen sulfide area)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
SURFACE LOCATION AND ACREAGE INFORMATION					
11. RRC District No.: 03		12. County: Andrews		13. Surface Location: <input checked="" type="checkbox"/> Land <input type="checkbox"/> Bay/estuary <input type="checkbox"/> Inland waterway <input type="checkbox"/> Offshore	
The well is to be located Section: 30 Block: 9		17. Survey: University Lands		18. Abstract No.: 1980'	
19. Distance to nearest lease line: 1980'		20. Number of contiguous acres in lease, pooled unit or unitized tract: 321.65		21. Distance to nearest well in this lease & reservoir: 1,300ft.	
22. Distance to nearest well in this lease & reservoir: 1,300ft.		23. No. of Wells on this Lease in this Reservoir: 8		24. Unitization Docket No.: Emme Ellenburger	
25. Are you applying for Substandard Acreage Field? <input type="checkbox"/> Yes (attach Form W-1A) <input checked="" type="checkbox"/> No		26. List all fields of anticipated completion including Wildcat. List one zone per line. Attach an additional Form W-1 if you require more space.			
27. Field No.: 91350100		28. Field Name (exactly as shown in RRC records): Emme Ellenburger			
29. Well Type: Oil		30. Completion Depth: 12,370			
31. Distance to nearest well in this lease & reservoir: 1,300ft.		32. No. of Wells on this Lease in this Reservoir: 8			
BOTTOMHOLE LOCATION INFORMATION is required for DIRECTIONAL, HORIZONTAL, AND AMENDED AS DRILLED PERMIT APPLICATIONS - Attach FORM W-1D/FORM W-1H as appropriate					
Remarks: Was Guf "FK" S					
CERTIFICATE: I declare under penalties in Sec. 91.143, Texas Natural Resources Code, that I am authorized to file this application, that this application was prepared by me or under my supervision and direction, and that the data and facts stated therein are true, correct, and complete to the best of my knowledge. DR. GHASEM BAYAT Name of Representative (Print) 713-984-9700 Telephone (AC and number) 2-15-08 Date (mm/dd/yy) ghasem.bayat@americoenergy.com E-mail Address (OPTIONAL - If provided, e-mail address will become part of this public record.)					
U.T. LANDS MAR 31 2008					

655606A



DESCRIPTION OF AREA SHOWN ON THE PLAT:
E/2 of Section 30, Block 9, University Lands

Americo Energy Resources LLC

 field Andrews County,
Texas, together with units thereon designated.

DATE PLAT DRAWN:
ACRES SHOWN: 321.65 more or less

SCALE APPROXIMATELY: 1" = 1000'

RAILROAD COMMISSION OF TEXAS

OIL & GAS DIVISION

PERMIT TO DRILL, DEEPEN, PLUG BACK, OR RE-ENTER
ON REGULAR OR ADMINISTRATIVE EXCEPTION LOCATION

PERMIT NUMBER 655606	DATE PERMIT ISSUED OR AMENDED 3/03/2008	DISTRICT * 08
API NUMBER 42 003 01689	FORM W-1 RECEIVED 2/19/2008	COUNTY ANDREWS
TYPE OF OPERATION RECOMPLETION		ACRES 321.65
OPERATOR 019752 AMERICO ENERGY RESOURCES, LLC 7575 SAN FELIPE ST STE 200 HOUSTON TX 77063		NOTICE This permit and any allowable assigned may be revoked if payment for fee(s) submitted to the Commission is not honored. District Office Telephone No.: 432 - 684-5581
LEASE NAME FK		WELL NUMBER 5
LOCATION 12.00 MILES SW FROM ANDREWS		TOTAL DEPTH 12,420
SECTION, BLOCK and/or SURVEY SECTION => 30 BLOCK => 9 ABSTRACT => SURVEY ==> UNIVERSITY LANDS		
DISTANCE--LEASE LINES 660.00 F W - 1,980.00 F S		DISTANCE--NEAREST WELL ON LEASE 0.0
DISTANCE--SURVEY LINES 1,980.00 F S - 1,980.00 F E		

READ IMPORTANT CONDITIONS AND INSTRUCTIONS ON THE BACK OF THIS FORM

FIELD(S) AND LIMITATIONS

* - SEE FIELD DISTRICT FOR REPORTING PURPOSES

FIELD NAME EMMA (ELLENBURGER)	LEASE NAME FK ACRES => 321.65	DEPTH WELL # DST 12,370 5 08
----------------------------------	-------------------------------------	---------------------------------

** LIMITATIONS **

THIS WELL SHALL BE COMPLETED AND PRODUCED IN COMPLIANCE WITH APPLICABLE SPECIAL FIELD OR STATEWIDE SPACING AND DENSITY RULES. IF THIS WELL IS TO BE USED FOR BRINE MINING, UNDERGROUND STORAGE OF LIQUID HYDROCARBONS IN SALT FORMATIONS, OR UNDERGROUND STORAGE OF GAS IN SALT FORMATIONS, A PERMIT FOR THAT SPECIFIC PURPOSE MUST BE OBTAINED FROM ENVIRONMENTAL SERVICES PRIOR TO CONSTRUCTION, INCLUDING DRILLING, OF A WELL IN ACCORDANCE WITH STATEWIDE RULES 81, 95, AND 97.

U.T. LANDS

MAR 3 1 2008

APPLICATION FOR MULTIPLE COMPLETION

1. Field Name EMMA ELENBURGER	2. RRC District 08
3. Operator AMERILCO ENERGY RESOURCES, LLC.	4. County ANDREWS
5. Lease Name(s) and RRC Lease Number(s) FK 34604	6. Well Number 5

7. Are the reservoirs herein requested to be used for DUAL ? completion presently recognized by the Commission as separate reservoirs as the result of prior applications for permission to multiply complete? NO If answer to this question is "NO", ALL OPERATORS IN THE FIELD MUST BE FURNISHED A COPY OF THIS APPLICATION.
(yes or no)

8. Identify one instance (operator, lease, well number) wherein the Commission granted a multiple completion including these same zones in this field. GULF, FK #5

9. MULTIPLE COMPLETION DATA

..... DUAL COMPLETION

	1st (Upper) Zone	2nd Zone	3rd Zone	4th Zone
(a) RRC Alphabetic Code Designation (Multiple Well Completion Designation -- See Instructions on reverse side.)				
(b) Name of Reservoir (If reservoir name is shown on proration schedule, use that name.)	SILURIAN (FUSSELMAN)	DEVONIAN	MCKNIGHT	GRAYBURG
(c) Type of Production (oil or gas) (If used for injection, state type fluid injected.)	OPEN PERFS W/ NO PROD. BEHIND PIPE	OPEN PERFS W/ NO PROD. BEHIND PIPE	OPEN PERFS W/ NO PROD. BEHIND PIPE	OPEN PERFS W/ NO PROD. BEHIND PIPE
(d) Depth to Top of Pay Section (ft.)	11,526	10,558	5404	4096
(e) Depth to Bottom of Pay Section (ft.)	11,551	10,662	5408	4184
(f) Producing Interval(s) (top to bottom)	11,526 - 11,551	10558 - 10662	5404 - 5408	4096 - 4184

10. The following supporting evidence is attached: (Please answer YES or NO.)

- (a) Electrical Log with tops and bottoms of producing zones and perforated intervals shown and marked NO.
 (b) Packer Setting Report and/or Cementing Report YES.
 (c) Communication or Packer Leakage Test (with Recorder Charts) NO.
 (d) Sketch of Multiple Completion Installation YES.

11. List below or on an attached sheet ALL OFFSET OPERATORS to the lease on which this well is located together with their correct mailing address.

(a) Attach Letters of Waiver from Offset Operators, OR

(b) Furnish each Offset Operator with a completed copy of this form and give date furnished. _____

U.T. LANDS

MAR 31 2008

(APPLICANTS MUST COMPLY WITH THE INSTRUCTIONS ON REVERSE SIDE HEREOF.)

- OVER -

12. Is this a regular location with respect to all zones?

YES

(yes or no)

13. If the answer to Item 12 is "NO", has a Rule 37 Hearing been held on zones affected by such rule?

(yes or no)

State the Rule 37 Case Number.

14. Is the find confirmed from one of these zones during its completion, or the completion of the well resulting from such well completion during its completion?

NO

15. Remarks:

I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this report, that this report was prepared by me or under my supervision and direction, and that data and facts stated therein are true, correct, and complete, to the best of my knowledge.

2-25-08

Date

Signature

M. Bayat

Operator:

America Energy Resources, LLC.

Name of Person (type or print)

DR. GHASEM BAYAT

Street Address or P.O. Box

7575 San Felipe, Suite 200

Title of Person

VP Engineering

City, State

Houston,

Zip Code

TX 77063

Telephone:

Area Code

713 984-9700

- INSTRUCTIONS -

1. File the original and one copy of this form in the Railroad Commission District Office with the following **REQUIRED ATTACHMENTS**:
 - (a) Packer Setting Report (Form W-5) where applicable and/or Cementing Report (Form W-15).
 - (b) Communication or Packer Leakage Test (Form W-6).
 - (c) Sketch of Multiple Completion Installation (Form W-4A).
 - (d) Letters of Waiver from offset operators, or evidence that notice of the application to multicomplete was given to said operators.
 - (e) Electrical Log showing subsurface location of the separate reservoirs claimed.
2. The required attachments in (a), (b), and (c) above shall be filed in duplicate.
3. This form may be used for a dual, triple, or quadruple completion. If more than four zones are involved, use this form and add an attached sheet.
4. If any completion is to be used for injection, separate permission to inject must be obtained from the Commission.
5. For Item 9 (a), the following Multiple Well Completion Designation shall be used.

RRC ALPHABETIC
CODE DESIGNATION

FORMERLY USED
DESIGNATION

C.....	C
T.....	T
U.....	UT or UC
L.....	LT or LC
M.....	MT or MC
P.....	UMT or UMC
Q.....	LMT or LMC
D.....	S-1-C, S-1 or W or W-C
E.....	S-1-T or W-T
F.....	S-2-C, S-2 or X or X-C
G.....	S-2-T or X-T
H.....	S-3-C, S-3 or Y or Y-C
I.....	S-3-T or Y-T
J.....	S-4-C, S-4 or Z or Z-C
K.....	S-4-T or Z-T
N.....	S-5-C or S-5
O.....	S-5-T

SKETCH OF MULTIPLE COMPLETION INSTALLATION
WITH TUBING INSIDE CASING

(Fill out only the side of this form that applies to your installation.)

1. Field Name EMMA ELLENBURGER		2. RRC District 08	
3. Operator AMERICO ENERGY RESOURCES, LLC.		4. County ANDREWS	
5. Lease Survey and RRC Lease Number FK 34604		6. Well Number 5	
7. Type of Multiple Completion — dual, triple, etc. DUAL		8. Which section below (A, B, C, or D) fits your multi-completion installation? A	
9. Date 2-25-08			

Sketch A String (1)

Packer set at _____ ft.
Tubing landed at _____ ft.

RRC Alphabetic Code Designation _____
Name of Reservoir **GRAYBURG**
Type of Production (oil, gas, or Inj.) **NO PRODUCTION**
Zone Interval **4084** to **4120**
Perforated or Producing Interval **4096** to **4184**

Packer set at _____ ft.
Tubing landed at _____ ft.

RRC Alphabetic Code Designation _____
Name of Reservoir **MCNIGHT**
Type of Production (oil, gas, or Inj.) **NO PRODUCTION**
Zone Interval **5400** to **5453**
Perforated or Producing Interval **5404** to **5408**

Packer set at _____ ft.
Tubing landed at _____ ft.

RRC Alphabetic Code Designation _____
Name of Reservoir **DEVONIAN**
Type of Production (oil, gas, or Inj.) **NO PRODUCTION**
Zone Interval **10,370** to **10,724**
Perforated or Producing Interval **10,558** to **10,662**

Packer set at **11,650** ft.
Tubing landed at **11,777** ft.

RRC Alphabetic Code Designation _____
Name of Reservoir **SILLURIAN (FUSSELMAN)**
Type of Production (oil, gas, or Inj.) **NO PRODUCTION**
Zone Interval **11,513** to **11,580**
Perforated or Producing Interval **11,526** to **11,551**

7" inch Casing set at **12,370** ft.
Total Well Depth at **12,420** ft.

NOTE: Clearly mark any Cross-over Packers or Side Door Chokes and show depth at which set.

Side Door Choke set at _____ ft. String No. _____ Cross-over Packer set at **11,650** ft. String No. _____

-- INSTRUCTIONS FOR SIDE 1 --

- Fill out only the side of this form that applies to your multiple completion installation. This side may be used for a dual, triple, or quadruple completion. If none of the sketches fits your installation, draw your installation on an attached sheet showing the identical required information.
- If this side of the form is used, two copies of Form W-5, PACKER SETTING REPORT (for each packer set); two copies of Form W-6, COMMUNICATION OR PACKER LEAKAGE TEST; an Electrical Log; and two copies of this form must be filed with the two copies of Form W-4, APPLICATION FOR MULTIPLE COMPLETION, in the RRC District Office.

U.T. LANDS

MAR 3 1 2008

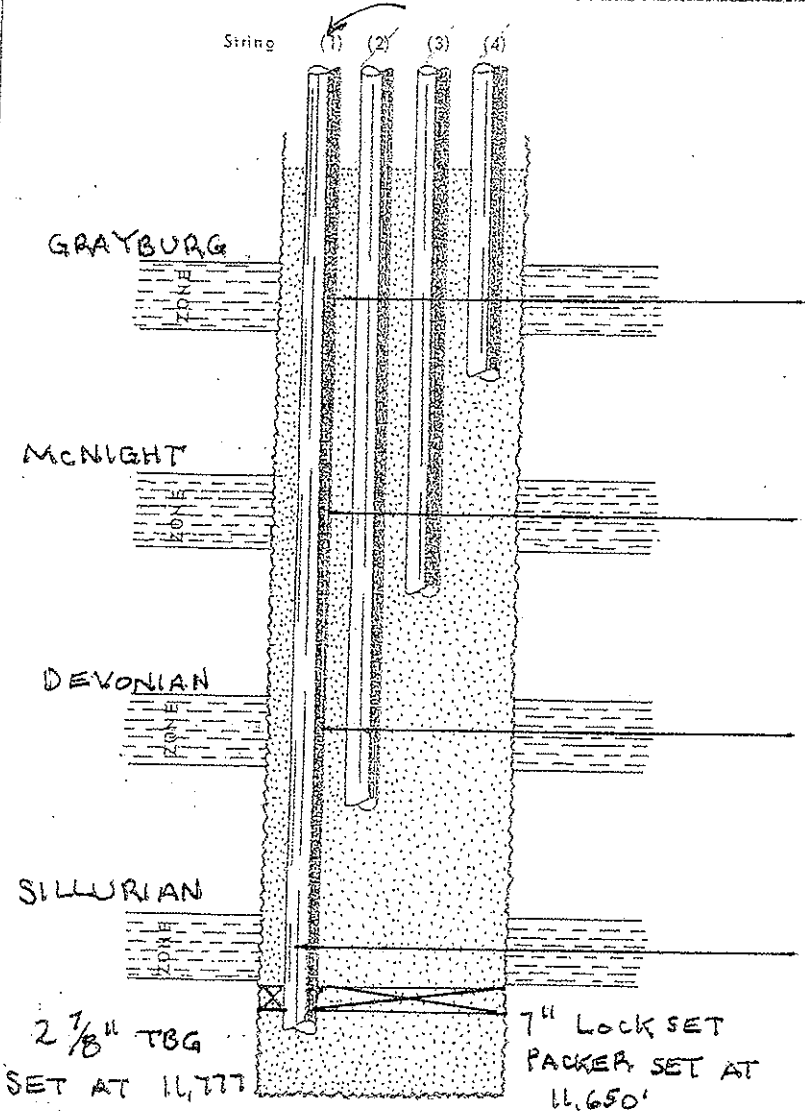
RAILROAD COMMISSION OF TEXAS OIL AND GAS DIVISION

Form W-4A
(Rev. 6-21-65)

SKETCH OF MULTIPLE COMPLETION INSTALLATION WITH MULTIPLE STRINGS CEMENTED IN PLACE

(Fill out only the side of this form that applies to your installation.)

1. Field Name EMMA ELLENBURGER	2. RRC District 08
3. Operator AMERICO ENERGY RESOURCES, LLC	4. County ANDREWS
5. Lease Name and RRC Lease Number FK 34604	6. Well Number 5
7. Type of Multiple Completion - dual, triple, etc. DUAL ?	8. Date 2-25-07



Top of Cement at 6880 ft.
BY TS.

RRC Alphabetic Code Designation _____
Name of Reservoir GRAYBURG
Type of Production (oil, gas, or Inj.) NO PRODUCTION
Zone Interval 4084 to 4120
Perforated or Producing Interval 4096 to 4186
7 inch Casing set at 12370 ft.

RRC Alphabetic Code Designation _____
Name of Reservoir McNIGHT
Type of Production (oil, gas, or Inj.) NO PRODUCTION
Zone Interval 5400 to 5453
Perforated or Producing Interval 5404 to 5408
7 inch Casing set at 12370 ft.

RRC Alphabetic Code Designation _____
Name of Reservoir DEVONIAN
Type of Production (oil, gas, or Inj.) NO PRODUCTION
Zone Interval 10,370 to 10724
Perforated or Producing Interval 10558 to 10622
7 inch Casing set at 12370 ft.

RRC Alphabetic Code Designation _____
Name of Reservoir SILURIAN (FUSSELMAN)
Type of Production (oil, gas, or Inj.) NO PRODUCTION
Zone Interval 11,513 to 11580
Perforated or Producing Interval 11,526 to 11551
7 inch Casing set at 12,370 ft.

Total Well Depth at 12,420 ft.

NOTE: Clearly mark any tubing run on a packer inside casing giving depth at which packer set, depth at which tubing landed, and the above required zone information.

- INSTRUCTIONS FOR SIDE 2 -

1. Fill out only the side of this form that applies to your multiple completion installation. This side may be used for two, three, or four strings cemented in place. If this sketch cannot be adapted for your installation, draw your installation on an attached sheet showing the identical required information.
2. If this side of the form is used, two copies of Form W-15, CEMENTING REPORT; two copies of Form W-6, COMMUNICATION OR PACKER LEAKAGE TEST; an Electrical Log; and two copies of this form must be filed with the two copies of Form W-4, APPLICATION FOR MULTIPLE COMPLETION, in the RRC District Office.

RAILROAD COMMISSION OF TEXAS
OIL AND GAS DIVISION

Form W-5
(Rev. 11-1-83)

PACKER SETTING REPORT
(File two copies of this form in the RRC District Office for each packer set.)

1. Field Name EMMA ELLENBERGER	2. RRC District 08
3. Operator of Well AMEALCO ENERGY RESOURCES, LLC.	4. County ANDREWS
5. Lease Name(s) and RRC Lease Number(s) FK 34604	6. Well Number 5
7. Make and Type of Packer BAKER LOCK SET	8. Depth at which Packer was set (ft.) 11,650'
9. Depth Measurement in Item 8 furnished by: AMEALCO ENGINEER - H. HADIPOUR	10. Date Packer was set 2-21-08

11. Remarks:

I personally supervised the setting of the packer described above in Items 1 through 11. The purpose of setting this packer was to effect a seal in the annular space between the two strings of pipe where the packer was set so as to prevent the comingling, in the bore of this well, of fluids produced from a stratum below the packer with fluids produced from a stratum above the packer. The make and type packer set was adequate to effectively and absolutely seal off the annular space between the two strings of pipe when it was properly set. This packer was properly set.

I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this report, that this report was prepared by me or under my supervision and direction, and that data and facts stated therein are true, correct, and complete, to the best of my knowledge.

2-25-08
Date

M. Bayat
Signature of Person Making Report
U.T. LANDS
MAR 31 2008

Employer
Americo Energy Resources

Name of Person (type or print)
Dr. GHASEM BAYAT

Street Address or P.O. Box
7575 San Felipe, Suite 200

Title of Person
VP Engineering

City, State Zip Code
Houston, TX 77063

Telephone: Area Code
713 - 984-9700

RAILROAD COMMISSION OF TEXAS
OIL AND GAS DIVISION

Form W-6
Rev. 1-8-10

COMMUNICATION OR PACKER LEAKAGE TEST

1. Field Name EMMA ELLIENBURGER		2. RRC District 08	
3. Operator AMERICO ENERGY RESOURCES, LLC.		4. County ANDREWS	
5. Lease Name(s) and RRC Lease Number(s) FK 34604		6. Well Number 5	

ZONE INFORMATION	1st (Upper) Zone	2nd Zone	3rd Zone	4th Zone
7. RRC Alphabetic Code Designation (Multiple Well Completion Designation - See Instructions, reverse side.)				
8. Name of Reservoir (If reservoir name is shown on proration schedule, use that name.)	GRAYBURG	MCKNIGHT	DEVONIAN	SILURIAN (FUSSELLMAN)
9. Type of Production (oil or gas) (If used for injection, state type fluid injected.)	OPEN PERFS NO PRODUCTION	OPEN PERFS NO PRODUCTION	OPEN PERFS NO PRODUCTION	OPEN PERFS NO PRODUCTION
10. Producing Interval(s)	4096 - 4184	5404 - 5453	10558 - 10662	11526 - 11551
11. Date & Hour well shut-in prior to testing. (All zones shut-in.)				
12. Stabilized shut-in pressure prior to producing any zone (psig)				

DATA ON PRODUCING COMPLETION				
	----- DUAL COMPLETION -----			
	Test No. 1	Test No. 2	Test No. 3	Test No. 4
13. ZONE PRODUCING (Fill in under each test the appropriate RRC Alphabetic Code Designation from Item 7.)				
14. Stabilized shut-in pressure prior to producing this zone. (psig)	Same as Item 12			
15. Producing method & choke size (inches)				
16. Date & Hour completion opened.				
17. Stabilized flowing pressure while producing. (psig)				
18. Length of time required for stabilization of flowing pressure. (hrs.)				
19. Date & Hour completion shut-in.				
20. Stabilized shut-in pressure after producing this zone. (psig)				
21. Time required for obtaining above stabilized shut-in pressure. (hrs.)				
22. Amount of oil produced during test. (bbbl.)				
23. Amount of gas produced during test. (MCF)				
24. Amount of water produced during test. (bbbl.)				

DATA ON SHUT-IN COMPLETION(S)												
25. ZONE(S) SHUT-IN (Fill in under each test the appropriate RRC Alphabetic Code Designation from Item 7.)												
26. Stabilized shut-in pressure prior to this test. (psig)	Same as Item 12	Same as Item 12	Same as Item 12									
27. Minimum shut-in pressure during test. (psig)												
28. Maximum shut-in pressure during test. (psig)												
29. Stabilized shut-in pressure at the end of the test. (psig)												
30. Maximum pressure change of shut-in completion during test. (psig) (+ Increase) or (- Decrease)												

U.T. LANDS

(APPLICANTS MUST COMPLY WITH THE INSTRUCTIONS ON REVERSE SIDE HEREOF. MAR 31 2008

- OVER -

32. Remarks: *The Reason for Packer Seal?* NC

1) After section packer at 11450' pump truck failed during run. It was 24 KCL and then pumped 6 bbls 24 KCL in the tubing. Attempted to circulate up casing with 25 bbls at 850 psi at 2 bpm, and no circulation.

2) - The Ellenburger oil is 47° API green, but deviation/simulation 40° API, brown.

I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this report, that this report was prepared by me or under my supervision and direction, and that data and facts stated therein are true, correct, and complete, to the best of my knowledge.

2 - 25 - 08

Date: _____ Signature: *Mr. Ghasem Bayat*

Operator: *Americo Energy Resources, LLC.* Name of Person (type or print): *Dr. GHASEM BAYAT*

Street Address or P.O. Box: *7575 Sam Felipe, Suite 200* Title of Person: *VP Engineering*

City, State: *Houston, TX 77063* Zip Code: _____ Telephone: *713 984-9700*

Area Code: _____

- INSTRUCTIONS -

- This form may be used for a dual, triple, or quadruple completion.
- The original and one copy of this form shall be filed with the Railroad Commission District Office.
- The Commission's District Office shall be notified 24 hours prior to conducting this Communication or Packer Leakage Test.
- After allowing all zones to build up and stabilize, the general procedure for the Communication or Packer Leakage Test involves testing each zone by (a) a draw-down producing test (one zone producing and all other zones shut-in) followed by (b) a build-up test after producing that zone (all zones shut-in).
- Prior to beginning the test, all zones shall be shut-in a sufficient length of time to allow wellhead pressures to become stabilized and for a minimum of 2 hours thereafter. Under shut-in conditions, stabilization may be considered attained when the rate of pressure build-up does not exceed one pound per 30 minute period. If all the zones shut-in will not stabilize in 24 hours, the zones do not have to remain shut-in longer than the 24 hour period, and thus the operator may proceed.
- If a zone is on gas lift, the gas lift supply valve should be closed except during lifting or producing operations.
- During any test, the rate of production for the zone being produced shall not be less than the anticipated calendar day allowable for an oil well and shall not be less than the anticipated maximum daily withdrawal for a gas well.
- For Test No. 1, the well shall be produced in one zone with the other zone(s) shut-in until the producing wellhead pressure has become stabilized and for a minimum of 2 hours thereafter. Under flowing conditions, the pressure may be considered stabilized when it does not vary more than 0.1% of the original shut-in well head pressure during a 15 minute interval. For a producing zone which will not stabilize in 24 hours, the zone does not have to be produced any longer than 24 hours trying to reach stabilization.
- Following each test, all zones shall be shut-in until wellhead pressures have become stabilized and for a minimum of 2 hours thereafter. If all the zones shut-in will not stabilize in 24 hours, the zones do not have to remain shut-in longer than the 24 hour period, and thus the operator may proceed.
- For the next test, produce one zone that has not already been produced, with the other zone(s) shut-in.
- For triple or more completions, repeat Instructions 9 and 10 until all zones have been tested.
- All pressures shall be measured with recording gauges. The maximum capacity of the pressure recording gauge should not be more than twice the expected shut-in pressure. The original charts shall be submitted along with this form. The accuracy of the recording gauges should be checked periodically during the tests with a dead weight test gauge.
- For Items 7, 13, and 25, the following Multiple Well Completion Designation shall be used.

RRC ALPHABETIC
CODE DESIGNATION

FORMERLY USED
DESIGNATION

C.....	C
T.....	T
U.....	UT or UC
L.....	LT or LC
M.....	MT or MC
P.....	UMT or UMC
Q.....	LMT or LMC
D.....	S-1-C, S-1 or W or W-C
E.....	S-1-T or W-T
F.....	S-2-C, S-2 or X or X-C
G.....	S-2-T or X-T
H.....	S-3-C, S-3 or Y or Y-C
I.....	S-3-T or Y-T
J.....	S-4-C, S-4 or Z or Z-C
K.....	S-4-T or Z-T
N.....	S-5-C or S-5
O.....	S-5-T

RAILROAD COMMISSION REPRESENTATIVE: The undersigned Commission Representative has witnessed and/or checked the foregoing test.

Signature of Commission Representative