

# RAILROAD COMMISSION OF TEXAS

## Oil and Gas Division

Tracking No.: 24698

Status: Submitted

This facsimile W-2 was generated electronically  
from data submitted to the RRC.

API No. 42- 003-06143

7. RRC District No.  
08

### Oil Well Potential Test, Completion or Recompletion Report, and Log

8. RRC Lease No.  
01770

1. FIELD NAME (as per RRC Records or Wildcat)  
FULLERTON

2. LEASE NAME  
FULLERTON CLEARFORK UNIT

9. Well No.  
2146W

3. OPERATOR'S NAME (Exactly as shown on Form P-5, Organization Report)  
EXXON MOBIL CORPORATION

RRC Operator No.  
257128

10. County of well site  
ANDREWS

4. ADDRESS  
P O BOX 4358 HOUSTON, TX 77210-4358

5. If Operator has changed within last 60 days, name former operator

11. Purpose of filing  
Initial Potential ☐  
Retest ☐  
Reclass ☐  
Well record only (Explain in remarks) ☒

6a. Location (Section, Block, and Survey)  
3, 13, ULS

6b. Distance and direction to nearest town in this county.  
11 MI NW FROM ANDREWS

12. If workover or reclass, give former field (with reservoir) & Gas ID or oil lease no.  
FIELD & RESERVOIR

GAS ID or  
OIL LEASE #

Oil-O  
Gas-G

Well #

N/A

13. Type of electric or other log run

14. Completion or recompletion date  
07/27/2011

### SECTION I- POTENTIAL TEST DATA IMPORTANT: Test should be for 24 hours unless otherwise specified infield 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 PSI
20. Calculated 24-Hour Rate	Oil - BBLS	Gas - MCF	Water - BBLS	Oil Gravity-API-60°	Casing Pressure PSI
21. Was swab used during this test? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		22. Oil produced prior to test (New & Reworked wells)		23. Injection Gas-Oil Ratio	
REMARKS: UIC PURPOSES - REPLACED TUBING, CHANGED/MOVED PACKER-SET @ 5830'(TOP 5826, BTM 5830),					
ACIDIZED, RAN H-5					

**INSTRUCTIONS:** File an original and one copy of the completed Form W-2 in the appropriate RRC District Office within 30 days after completing a well and within 10 days after a potential test. If an operator does not properly report the results of a potential test within the 10-day period, the effective date of the allowable assigned to the well will not extend back more than 10 days before the W-2 was received in the District Office. (Statewide Rules 16 and 51) To report a completion or recompletion, fill in both sides of this form. To report a retest, fill in only the front side.

#### WELL TESTERS CERTIFICATION

I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I conducted or supervised this test by observation of (a) meter readings or (b) the top and bottom gauges of each tank into which production was run during the test. I further certify that the potential test data shown above is true, correct, and complete, to the best of my knowledge.

Signature: Well Tester

Name of Company

RRC Representative

#### 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 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.

EXXON MOBIL CORPORATION

Type or printed name of operator's representative

(281) 654-0852

08/10/2011

Telephone: Area Code

Number

Month Day Year

Support Staff Technical Assistant

Title of Person

Sharon Berryhill

Signature

# ELECTRONICALLY FILED

SECTION III DATA ON WELL COMPLETION AND LOG (Not Required on Retest)											
24. Type of Completion New Well <input type="checkbox"/> Deepening <input type="checkbox"/> Plug Back <input type="checkbox"/> Other <input checked="" type="checkbox"/>					25. Permit to Drill, Plug Back or Deepen DATE _____ PERMIT NO. _____ Rule 37 Exception _____ CASE NO. _____						
26. Notice of Intention to Drill this well was filed in Name of <b>EXXON MOBIL CORPORATION</b>					Water Injection Permit 06/24/1993 F-1231 PERMIT NO. _____ Salt Water Disposal Permit PERMIT NO. _____ Other _____ PERMIT NO. _____						
27. Number of producing wells on this lease in this field (reservoir) including this well <b>339</b>			28. Total number of acres in this lease <b>29541.59</b>								
29. Date Plug Back, Deepening, Workover or Drilling Operations: <b>07/12/2011</b>		Commenced <b>07/27/2011</b>		Completed <b>0.0</b>		30. Distance to nearest well, Same Lease & Reservoir					
31. Location of well, relative to nearest lease boundaries <b>660.0</b> Feet From <b>South</b> Line and <b>660.0</b> Feet from <b>East</b> Line of the <b>FULLERTON CLEARFORK UNIT</b> Lease											
32. Elevation (DF, RKB, RT, GR ETC.) <b>3296 RKB</b>				33. Was directional survey made other than inclination (Form W-12)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
34. Top of Pay <b>6723</b>		35. Total Depth <b>7250</b>		36. P. B. Depth <b>7187</b>		37. Surface Casing Determined by Field Rules <input checked="" type="checkbox"/>		Recommendation of T.D.W.R. Railroad Commission (Special) <input type="checkbox"/> Dt. of Letter _____			
38. Is well multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
39. If multiple completion, list all reservoir names (completions in this well) and Oil Lease or Gas ID No. <b>FIELD &amp; RESERVOIR</b>					GAS ID or OIL LEASE #		Oil-G Gas-G		Well #		
40. Intervals Drilled by: Rotary Tools <input checked="" type="checkbox"/> Cable Tools _____					41. Name of Drilling Contractor <b>ENERGY KEY SERVICES INC.</b>					42. Is Cementing Affidavit Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
43. CASING RECORD (Report All Strings Set in Well)											
CASING SIZE	WT #/FT.	DEPTH SET	MULTISTAGE TOOL DEPTH	TYPE & AMOUNT CEMENT (sacks)	HOLE SIZE	TOP OF CEMENT	SLURRY VOL. cu. ft.				
13 3/8	36.0	172		UNKNOWN 150	17	SURFACE	0.0				
8 5/8	32.0	3985		UNKNOWN 2700	11	0	0.0				
5 1/2	15.5	6723		UNKNOWN 325	7 7/8	4818	0.0				
44. LINER RECORD											
Size		Top		Bottom		Sacks Cement		Screen			
N/A											
45. TUBING RECORD											
Size	Depth Set	Packer Set	From	6723	To	7187 OH					
2 3/8	5826	5830	From		To						
			From		To						
			From		To						
46. Producing Interval (this completion) Indicate depth of perforation or open hole											
47. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.											
Depth Interval				Amount and Kind of Material Used							
6723.0		7042.0		6,000 GALS 15% HCL + 2500# ROCK SALT							
48. FORMATION RECORD (LIST DEPTHS OF PRINCIPAL GEOLOGICAL MARKERS AND FORMATION TOPS)											
Formations		Depth		Formations		Depth					
GLORIETA		null MD: 5648.0		TOP LCF ZONE 1		null MD: 6821.0					
UCF TOP 6100 ZONE		null MD: 6018.0		TOP LCF ZONE 2		null MD: 6954.0					
TUBB		null MD: 6566.0		TOP WICHITA		null MD: 7065.0					
TOP LCF		null MD: 6715.0									
REMARKS: UIC PURPOSES - REPLACED TUBING, CHANGED/MOVED PACKER-SET @ 5830'(TOP 5826, BTM 5830), ACIDIZED, RAN H-5											