

06/03/85

## RAILROAD COMMISSION OF TEXAS

## Oil and Gas Division

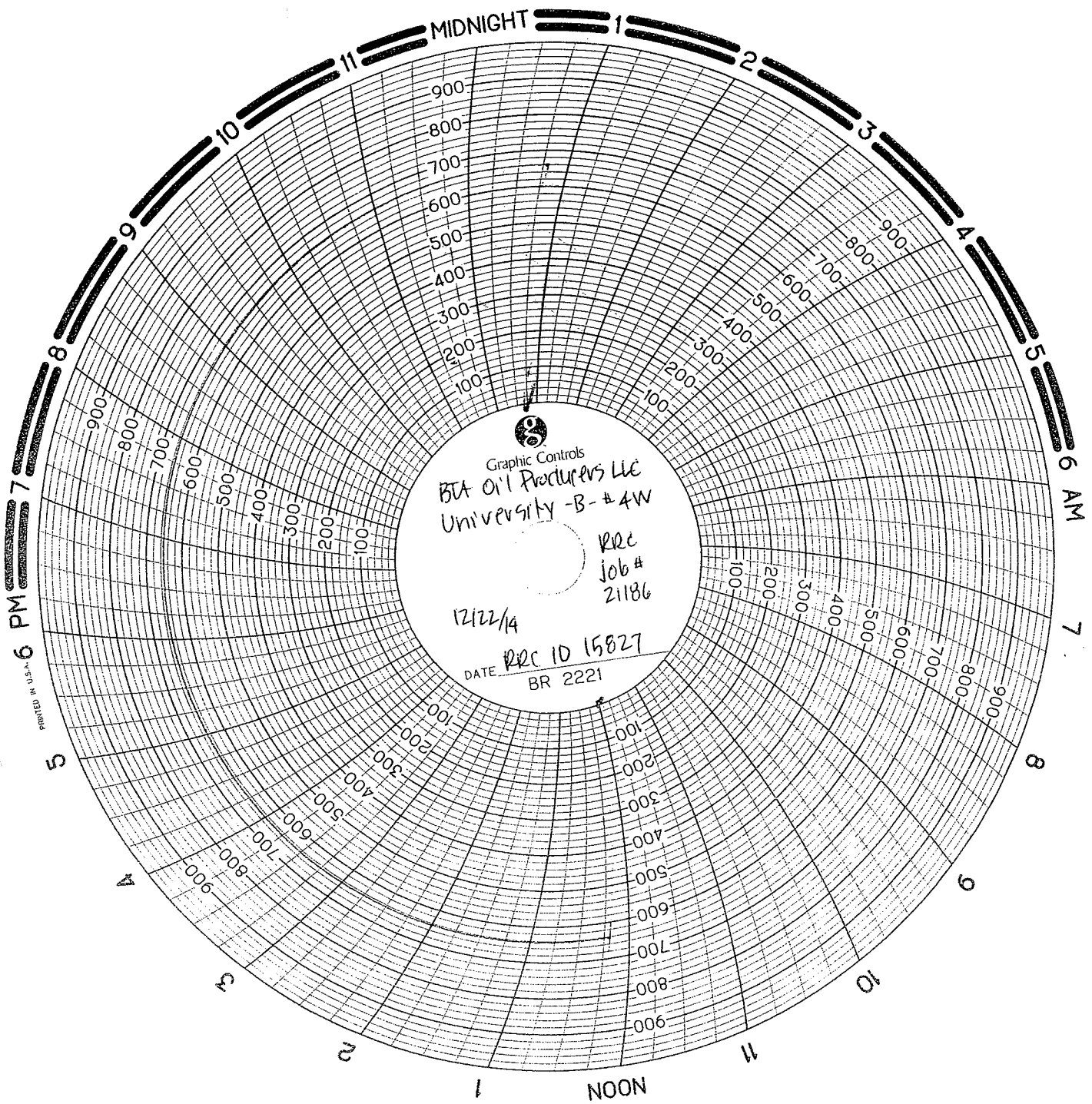
Disposal/Injection Well  
Pressure Test Report

READ INSTRUCTIONS ON BACK

PLEASE TYPE OR PRINT

UIC CONTROL NO.
Type _____
FOR RRC USE ONLY

1. OPERATOR'S NAME BTA Oil Producers, LLC				2. RRC OPERATOR NO. 041867			
3. ADDRESS 104 S. Pecos Midland, TX 79701				4. RRC DISTRICT NO. 08			
				5. COUNTY Andrews			
6. FIELD NAME (Exactly as shown on proration schedule) Cowden, North			7. FIELD NO. 21289001		8. API NO. 42-003-34992		
9. LEASE NAME University -B-			10a. OIL LEASE NO. 15827		10b. GAS ID NO.		11. WELL NO. 4W
12. REASON FOR TEST  <input type="checkbox"/> Initial Test Prior to Injection <input type="checkbox"/> After Workover <input type="checkbox"/> Annual Test Required By Permit <input type="checkbox"/> Five-Year Test Required By Rule <input checked="" type="checkbox"/> Other (Specify) <u>Annual Test required by ULS</u>			13. DATE OF TEST 12/22/2014		14. RETEST? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, see Instruction No. 5		
			15. WELL COMPLETION		size depth set		
			Surface Casing		13-3/8" 1700'		
			Long String Casing		8-5/8" 4800'		
			Tubing		2-7/8" 4666'		
			16a. PACKER MAKE AND MODEL Baker Loc Set		16b. DEPTH SET 4666'		
			17. AUTHORIZED INJECTION PRESSURE (PSIG): 1200				
18a. PERMITTED INJECTION INTERVAL Top 4472' Bottom 4760'				18b. COMPLETED INJECTION INTERVAL Top 4742' Bottom 4760'			
19. TEST PRESSURE (PSIG) [see Instructions 4(c) and 4(d)]							
TIME	TUBING	CASING	SURFACE CSG.	TIME	TUBING	CASING	SURFACE CSG.
Initial	425	650	0				
15 min.	425	650	0				
30 min.	425	650	0				
20. CHARACTERISTICS OF INJECTION FLUID [see Instruction 4(e)]				21. CHARACTERISTICS OF ANNULUS FLUID [see Instructions 4 (e) and 4(f)]			
22. TEST WITNESSED BY RRC? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If NO, see Instruction 4(a) If YES, Name of RRC Representative _____				23. WERE OTHER TESTS/SURVEYS PERFORMED AT THIS TIME? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. If YES, List:			
24. OPERATOR COMMENTS ON TEST (attach separate sheet if necessary) RRC Job No 21186							
25. WELL STATUS: <input checked="" type="checkbox"/> Active <input type="checkbox"/> Temporarily Abandoned <input type="checkbox"/> Other (Specify) _____							
<p>CERTIFICATE:</p> <p>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 herein are true, correct, and complete, to the best of my knowledge.</p>							
				<p><i>Pam Inskeep</i> Signature</p> <p>Pam Inskeep, Regulatory Administrator</p> <p>Name of Person (type or print)</p> <p>Telephone No. (432) 682-3753 Date 12/22/2014</p>			



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T.C.  
432 209 5906

STANDARD ENERGY SERVICES

LEASE: UNIVERSITY - B -  
WELL# 4 W  
TBG PSI: 425  
CSG PSI: \_\_\_\_\_ FOR 30 MINS.  
CMIC: \_\_\_\_\_  
CONTRACTOR: \_\_\_\_\_  
DRIVER NAME: MARCO  
DATE RRC NOTIFIED: \_\_\_\_\_  
PERSON NOTIFIED: \_\_\_\_\_