



RAILROAD COMMISSION OF TEXAS

Form W-2

1701 N. Congress  
P.O. Box 12967  
Austin, Texas 78701-2967

Status: Approved  
Date: 10/05/2016  
Tracking No.: 149753

OIL WELL POTENTIAL TEST, COMPLETION OR RECOMPLETION REPORT,

OPERATOR INFORMATION			
Operator	ENERGYQUEST II, LLC	Operator	252020
Operator	4526 RESEARCH FOREST DR STE 200 THE WOODLANDS, TX 77381-0000		

WELL INFORMATION			
API	42-003-38101	County:	ANDREWS
Well No.:	4501	RRC District	08
Lease	M.A.K.(SPRABERRY)UNIT	Field	M.A.K. (SPRABERRY)
RRC Lease	35243	Field No.:	56082500
Location	Section: 45, Block: 6, Survey: UL, Abstract: 000000		
Latitude	32.45152	Longitud	-102.21199
This well is 21.5 miles in a NE direction from ANDREWS, which is the nearest town in the			

FILING INFORMATION			
Purpose of	Well Record Only		
Type of	Other/Recompletion		
Well Type:	Producing	Completion or Recompletion	08/01/2015
Type of Permit	Date	Permit No.	
Permit to Drill, Plug Back, or Rule 37 Exception	12/06/1996	455996	
Fluid Injection			
O&G Waste Disposal			
Other:			

COMPLETION INFORMATION			
Spud	12/08/1996	Date of first production after rig	08/01/2015
Date plug back, deepening, drilling operation	07/19/2015	Date plug back, deepening, recompletion, drilling operation	07/27/2015
Number of producing wells on this lease this field (reservoir) including this	12	Distance to nearest well in lease & reservoir	2640.0
Total number of acres in	3520.00	Elevation	2942 GR
Total depth TVD	8748	Total depth MD	
Plug back depth TVD	8711	Plug back depth MD	
Was directional survey made other inclination (Form W-	No	Rotation time within surface casing Is Cementing Affidavit (Form W-15)	No
Recompletion or	Yes	Multiple	No
Type(s) of electric or other log(s)	None		
Electric Log Other Description:			
Location of well, relative to nearest lease of lease on which this well is	660.0 Feet from the North Line and 990.0 Feet from the East Line of the M.A.K.(SPRABERRY)UNIT Lease.	Off Lease :	No

FORMER FIELD (WITH RESERVOIR) & GAS ID OR OIL LEASE NO.			
Field & Reservoir	Gas ID or Oil Lease	Well No.	Prior Service Type
W2:	N/A		

PACKET:	N/A	
FOR NEW DRILL OR RE-ENTRY, SURFACE CASING DEPTH DETERMINED BY:		
GAU Groundwater Protection Determination	Depth	Date
SWR 13 Exception	Depth	

INITIAL POTENTIAL TEST DATA FOR NEW COMPLETION OR RECOMPLETION				
Date of	08/03/2015	Production	Pumping	
Number of hours	24	Choke	64	
Was swab used during this	No	Oil produced prior to	0.00	
PRODUCTION DURING TEST PERIOD:				
Oil	14.00	Gas	0	
Gas - Oil	0	Flowing Tubing		
Water	12			
CALCULATED 24-HOUR RATE				
Oil	14.0	Gas	0	
Oil Gravity - API - 60.:	39.0	Casing		
Water	12			

CASING RECORD											
Ro	Type of Casing	Casing	Hole	Setting	Multi -	Multi -	Cement	Cement	Slurry	Top of	TOC
		Size (in.)	Size	Depth	Stage Tool	Stage Shoe	Class	Amoun	Volume (cu.	Cement (ft.)	Determined By
1	Surface	8 5/8	12 1/4	1987			C	900	1918.0	SURF	Circulated to Surface
2	Conventional Production	5 1/2	7 7/8	8724	6091		C	2345	4554.0	SURF	Circulated to Surface

LINER RECORD									
<u>Ro</u>	<u>Liner Size</u>	<u>Hole Size</u>	<u>Liner Top</u>	<u>Liner Bottom</u>	<u>Cement Class</u>	<u>Cement Amoun</u>	<u>Slurry Volume (cu.</u>	<u>Top of Cement (ft.)</u>	<u>TOC Determined</u>
N/A									

TUBING RECORD			
<u>Ro</u>	<u>Size (in.)</u>	<u>Depth Size (ft.)</u>	<u>Packer Depth (ft.)/Type</u>
1	2 7/8	8703	8360 /

PRODUCING/INJECTION/DISPOSAL INTERVAL			
<u>Ro</u>	<u>Open hole?</u>	<u>From (ft.)</u>	<u>To (ft.)</u>
1	No	L 8554	8557.0
2	No	L 8559	8572.0
3	No	L 8578	8588.0
4	No	L 8646	8654.0

ACID, FRACTURE, CEMENT SQUEEZE, CAST IRON BRIDGE PLUG, RETAINER, ETC.			
Was hydraulic fracturing treatment		No	
Is well equipped with a downhole sleeve?		No	
Production casing test pressure (PSIG) during hydraulic fracturing		If yes, actuation pressure  Actual maximum pressure (PSIG) during fracturin	
Has the hydraulic fracturing fluid disclosure been		No	
<u>Ro</u>	<u>Type of Operation</u>	<u>Amount and Kind of Material Used</u>	<u>Depth Interval (ft.)</u>
1	Fracture	1000 GAL. 15% HCL, 648 BBLS. 20 LB. GEL, 45,000 LBS 20/40 SAND.	8554 8588

FORMATION RECORD					
<u>Formations</u>	<u>Encountere</u>	<u>Depth TVD</u>	<u>Depth MD</u>	<u>Is formation</u>	<u>Remarks</u>
SAN ANDRES	Yes	4490.0		Yes	CORROSIVE
CLEARFORK	Yes	6421.0		Yes	
UPPER SPRABERRY	Yes	8282.0		Yes	
GIN SAND	No	8552.0		No	PRODUCTIVE ZONE/ACTIVE H2O FLOOD
Do the producing interval of this well produce H2S with a concentration in excess of 100 ppm					No
Is the completion being downhole commingled					No

REMARKS
ADDED ADDITIONAL PERFS. HYDRAULICALLY FRACTURED ZONE WITH EXISTING PERFORATIONS ISOLATED. PUT WELL ON PRODUCTION. TRACKING NUMBER 149753 CORRECTIONS. GIN SAND IS OPEN PRODUCING ZONE AND IS WITHIN THE UNITIZED INTERNAL SUBJECT TO THE UNIT WATERFLOOD.

RRC REMARKS	
PUBLIC COMMENTS:	
CASING RECORD :	
TUBING RECORD:	
PRODUCING/INJECTION/DISPOSAL INTERVAL :	
ACID, FRACTURE, CEMENT SQUEEZE, CAST IRON BRIDGE PLUG, RETAINER, ETC. :	
POTENTIAL TEST DATA:	

OPERATOR'S CERTIFICATION			
Printed	Debra Moore	Title:	Production Analyst
Telephone	(281) 875-6200	Date	10/04/2016

RECEIVED  
RRC OF TEXAS

TRK: # 149753

Type or Print Only  
(Online filing available at  
<http://www.rrc.state.tx.us>)

AUG 21 2015

O&G  
AUSTIN TX

RAILROAD COMMISSION OF TEXAS

Oil and Gas Division

Form W-2

Rev. 01/2014

API No.: 42- 003-38101		7. RRC District No. 08
<b>OIL WELL POTENTIAL TEST, COMPLETION OR RECOMPLETION REPORT, AND LOG</b>		8. RRC Lease No. 35243
1. Field Name (as per RRC Records or Wildcat) M.A.K. (SPRAYBERRY)	2. Lease Name M.A.K. (SPRAYBERRY) UNIT	9. Well No. 4501
3. Operator's Name (exactly as shown on Form P-5, Organization Report) ENERGYQUEST II, LLC	RRC Operator No. 252020	10. County MARTIN
4. Operator's Address (include street, city, state, zip code) 4526 RESEARCH FOREST DR., SUITE 200 THE WOODLANDS, TX 77381		11. Purpose of filing  A. Producers <input type="checkbox"/> Initial potential <input type="checkbox"/> Retest <input type="checkbox"/> Reclass <input checked="" type="checkbox"/> Well record only (explain in remarks)  B. Injection/Disposal/ Storage/Brine Mining <input type="checkbox"/> Initial completion <input type="checkbox"/> Reclass <input type="checkbox"/> Well record only (explain in remarks)
5a. Location (section, block and survey) Sec. 45, Blk. 6, University Lands		
5b. This well is located 21.5 miles in a NE direction from Andrews, which is the nearest town in the county.		
6. Well Latitude/Longitude (minimum five decimal places required): 32.45152600		Latitude/Longitude type: -102.21199400
12a. Spud date 12/08/1996	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 01/29/1997	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		

<b>INITIAL POTENTIAL TEST DATA FOR NEW COMPLETION OR RECOMPLETION (leave blank if filed for another purpose)</b>					
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°	Casing Pressure (PSIG)
21. Was swab used during this test? <input type="checkbox"/> YES <input type="checkbox"/> NO			22. Oil produced prior to test (new & recompleted wells):		

<b>DATA ON WELL COMPLETION</b>					
23. Type of completion <input type="checkbox"/> New well <input type="checkbox"/> Deepening <input type="checkbox"/> Side track <input checked="" type="checkbox"/> Other (explain in remarks) <input type="checkbox"/> Re-entry <input type="checkbox"/> Plug back <input type="checkbox"/> Recompletion			24. Permit to Drill, Plug Back, or Deepen DATE 12/06/97 PERMIT NO. 455996		
25. Number of producing wells on this lease in this field (reservoir) including this well			26. Total number of acres in lease		
27. Date of plug back, deepening, recompletion, or drilling operations Commenced Ended			28. Distance to nearest well in this lease & reservoir		
29. Elevation (DF, RKB, RT, GR, etc.) 2942 GR			30. Was directional survey made other than inclination (Form W-12)? <input type="checkbox"/> YES <input type="checkbox"/> NO		

31. Total Depth (ft.) TVD MD 8748		32. Plug Back Depth (ft.) TVD MD 8711		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:
34. Rotation time within surface casing (hours)		35. Is Cementing Affidavit (Form W-15) attached? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

## Form W-2

API No.: 42- 003-38101

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		8-5/8	12-1/4	1987				900	1918	0	
2		5-1/2	7-7/8	8724	2345			2345	4554	0	
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 checked="" 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
2-7/8	8702.92	8360	8554	8557
			8559	8572
			8578	8588
			8646	8654

ACID, FRACTURE, CEMENT SQUEEZE, CAST IRON BRIDGE PLUG, RETAINER, ETC.				
40. Was hydraulic fracturing treatment performed? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	41. Is well equipped with a downhole actuation sleeve? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, provide actuation pressure (PSIG)	42. Production casing test pressure (PSIG) prior to hydraulic fracturing treatment 7500	43. Actual maximum pressure (PSIG) during hydraulic fracturing 6430	44. Has the hydraulic fracturing fluid disclosure been reported to FracFocus disclosure registry (SWR 29)? <input checked="" 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.)
Hydraulic Fracture		1,000 gal. 15% HCL, 648 bbls. 20 lb. Gel 45,000 lbs 20/40 sand		From 8554 To 8588 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.)		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 <sub>2</sub> S with a concentration in excess of 100 ppm (SWR 36)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		47. Is the completion being down-hole commingled (SWR 10)? <input type="checkbox"/> YES <input type="checkbox"/> NO	

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: Debra Moore  
Debra Moore

Printed Name

Production Analyst

Title

8-18-15

Date

Tel: (281) 875-6200

Area Code Number

Email (include email address only if you affirmatively consent to its public release)