

u.l

U.T. LANDS

U.L. 38108

API No. 42-003 40316

MAR 14 2008 Gas Well Back Pressure Test, Completion or Completion Report, and Log

1. FIELD NAME (as per RRC Records or Wildcat) Embar (Yates)		2. LEASE NAME University Donna A		7. RRC District No. 08
3. OPERATOR'S NAME (Exactly as shown on Form P-5, Organization Report) St. Mary Land & Exploration Co.			RRC Operator No. 810874	9. Well No. 3004
4. ADDRESS 3300 N. A St., Bldg 7, Suite 200, Midland, TX 79705				10. County of well site Andrews
5. Location (Section, Block, and Survey) Sec 30, Blk 10, University Lands Survey		5b. Distance and direction to nearest town in this county. 16.6 miles SW from Andrews		
6. If operator has changed within last 60 days, name former operator		12. If workover or reclass, give former field (with reservoir) & Gas ID or oil lease no. FIELD & RESERVOIR		11. Purpose of filing Initial Potential <input checked="" type="checkbox"/> Retest <input type="checkbox"/> Reclass <input type="checkbox"/> Well record only <input type="checkbox"/> (Explain in remarks)
13. Pipe Line Connection Duke Energy/DCP Midstream, LP		12. If workover or reclass, give former field (with reservoir) & Gas ID or oil lease no. FIELD & RESERVOIR		
14. Completion or recompletion date 1-26-08		15. Any condensate on hand at time of workover or recompletion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. Type of Electric or other Log Run. GR

Section I GAS MEASUREMENT DATA

Date of Test 2-11-08	Gas Measurement Method (Check One) Orifice Meter <input checked="" type="checkbox"/> Flange Taps <input checked="" type="checkbox"/> Pipe Taps <input type="checkbox"/> Positive Choke <input type="checkbox"/> Orifice Vent Meter <input type="checkbox"/> Pilot Tube <input type="checkbox"/> Critical-flow Prover <input type="checkbox"/>								Gas produced during test 429 MCF	
Run No.	Line Size	Orif. or Choke Size	24 hr. Coeff. Orif. or Choke	Static P. or Choke Press	Diff. h _w	Flow Temp. OF	Temp. Factor F _t	Gravity Factor F _g	Compress Factor F _{pv}	Volume MCF/DAY
1	2"	64/64"	10.11	45	4.5	78	0.9990	0.9997	0.9980	143
2										
3										
4										

Section II FIELD DATA AND PRESSURE CALCULATIONS

Gravity (Dry Gas) 0.7200	Gravity Liquid Hydrocarbon --- Deg. API	Gas-Liquid Hydro Ratio --- CF/Bbl	Gravity of Mixture ° mix : ---	Avg. Shut-in Temp. 80 °F	Bottom Hole Temp. 98 °F @ 2990' (Depth)				
Deff 8/3 = $\sqrt{\frac{Tf}{T}}$		GL = $\frac{GL}{C}$							
C = $\frac{1118 \times (D \text{ eff})^{8/3}}{T}$									
Run No.	Time of Run Min.	Choke Size	Wellhead Press. PSIA	Wellhead Flow Temp. °F	P _w 2 (Thousands)	R	R ² (Thousands)	P ₁	P _w
Shut-In 1440			850						
1	2340	64/64"	40						
2									
3									
4									
Run No.	F	K	S $\frac{1}{z}$	E ^{ks}	P ₁ and P _s	Pf2 and Ps2 (thousands)	Pf2 - Ps2 (thousands)	Angle of Slope	
Shut-In								O	
1								r ₁	
2								Absolute Open Flow	
3							 MCF/DAY	
4									

WELL TESTER'S CERTIFICATION: I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I conducted or supervised this test and that data and facts shown in Sections I and, II above are true, correct, and complete, to the best of my knowledge. Bottomhole temperature and the diameter and length of flow string were furnished by the operator of the well.

St. Mary Land & Exploration Co.

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 I prepared or supervised and directed this report, and that data and facts therein are true, correct, and complete, to the best of my knowledge.

Signature: Operator's representative _____ Title _____ Date _____ Tel: 432-684-6381
A/C Number _____

SECTION III DATA ON WELL COMPLETION AND LOG (Not Required on Retest)

17. Type of Completion: New Well Deepening Plug Back Other

18. Permit to Drill. Plug Back or Deepen DATE 12-4-07 PERMIT NO. 650332
 Rule 37 CASE NO. _____
 Exception _____
 Water Injection PERMIT NO. _____
 Permit _____

19. Notice of Intention to Drill this well was filed In Name of St. Mary Land & Exploration Co.

20. Number of producing wells on this lease In this field (reservoir) including this well 1
 21. Total number of acres In this lease 40

22. Date Plug Back, Deepening, WorkOver or Drilling Operations: Commenced 12-5-07 Completed 12-11-07
 23. Distance to nearest well. Same Lease & Reservoir 1 well

24. Location of well relative to nearest lease Boundaries of lease on which this well is located 467 Feet From North Line and 496 Feet from East Line of the University Donna A Lease

25. Elevation (DF, RKB RT GR ETC.) 3246'
 26. Was directional survey made other than inclination (Form W-12)? Yes No

27. Top of Pay 2754'
 28. Total Depth 2975'
 29. P. B. Depth 2940'
 30. Surface Casing Determined by Field Rules Recommendation of T.D.W.R. Railroad Commission (Special) Dt. of Letter 11-29-07

31. Is well multiple completion? NO
 32. If multiple completion, list all reservoir names (completions in this Well) and Oil Lease or Gas ID No. FIELD & RESERVOIR
 33. Intervals Rotary Cable Drilled Tools Tools by: X

34. Name of Drilling Contractor Capstar Drilling
 35. Is Cementing Affidavit Attached? Yes No

36. 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
8 5/8"	24#	620'		430 SX	12 1/4"	surface	701
4 1/2"	11.6#	2975'		550 SX	7 7/8"	surface	1020

37. LINER RECORD

Size	TOP	Bottom	Sacks Cement	Screen

38. TUBING RECORD

Size	Depth Set	Packer set	From	To
2 3/8"	2588'		2754'	2786'

39. Producing Interval (this completion) Indicate depth of perforation or open hole

40. ACID SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

Depth Interval	Amount and Kind of Material Used
2754-2786'	1000 gals 7.5% NEFE w/ ball sealers, Propan frac.

41. FORMATION RECORD (LIST DEPTHS OF PRINCIPAL GEOLOGICAL MARKERS AND FORMATION TOPS)

Formations	Depth	Formations	Depth
Tansill	2477'		
Yates	2610'		
Seven Rivers	2832'		

REMARKS Permitted as the University 10 NW. Name change to University Donna A.

RAILROAD COMMISSION OF TEXAS
Oil and Gas Division

READ INSTRUCTIONS ON BACK

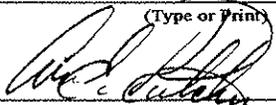
GAS WELL
CLASSIFICATION REPORT

Form G-5

Rev. 01/01/86

1. OPERATOR NAME (Exactly as shown on Form P-5 Organization Report) St. Mary Land & Exploration Co.		3. RRC DISTRICT NO. 08	4. OIL LEASE NO. OR GAS WELL ID NO.
2. MAILING ADDRESS 3300 N. A St., Bldg 7, Suite 200, Midland, TX 79705		5. WELL NO. 3004	6. API NO. 42 003 40316
8. FIELD NAME (as per RRC Records) Embar (Yates)		9. LEASE NAME University Donna A	
10. LOCATION (Section, Block and Survey) Sec 30, Blk 10, University Lands Survey		11. PIPELINE CONNECTION OR USE OF GAS Duke Energy/DCP Midstream, LP	
7. COUNTY OF WELL SITE Andrews			

I. PRODUCTION TEST AT RATE ELECTED BY OPERATOR (data on 24-hour basis)		II. A.S.T.M. DISTILLATION OF LIQUID SAMPLE. Distillation test is required for gas wells ONLY if the producing gas-liquid hydrocarbon ratio is less than 100,000 CF/barrel.	
A. Date of Test <u>2-11-08</u>		Date Liquid Sample Obtained _____	
B. Gas Volume <u>143</u> (Mcf)		Where Obtained: <input type="checkbox"/> Separator <input type="checkbox"/> Stock Tank	
C. Oil or Condensate Volume _____ (Bbl)		% Over Temp. (deg. F) % Over Temp. (deg. F)	
D. Water Volume <u>3</u> (Bbl)		Initial Boiling Temp. _____ 60 _____	
E. Gas/Liquid Hydrocarbon Ratio _____ (CF/Bbl)		10 _____ 70 _____	
F. Flowing Tubing Pressure <u>40#</u> (psia)		20 _____ 80 _____	
G. Choke Size <u>64/64"</u> (in.)		30 _____ 90 _____	
H. Casing Pressure <u>290#</u> (psia)		40 _____ 95 _____	
I. Shut-in Wellhead Pressure-Tubing <u>850#</u> (psia)		50 _____ End Point _____	
J. Separator Operating Pressure <u>45</u> (psia)		Total Recovery _____ percent	
K. Color of Stock Tank Liquid _____		Residue _____ percent	
L. Gravity of Separator Liquid _____ °API		Loss _____ percent	
M. Gravity of Stock Tank Liquid _____ °API			
N. Specific Gravity of the Gas (Air 1) <u>0.7200</u>			

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.	Ann E. Ritchie 432 684-6381	RRC USE ONLY
	NAME (Type or Print)	
		
	SIGNATURE	
Regulatory Agent	Title	
03/09/08	CONTACT PERSON David Lofton	PHONE NUMBER (432) 688-1700
DATE		

St. Mary Land & Exploration Co.
 3300 N. A St., Bldg 7, Suite 200
 Midland, TX 79705

GAS WELL STATUS REPORT

RAILROAD COMMISSION OF TEXAS
 Oil and Gas Division
 P O Box 12967
 Austin, Texas 78711-2967

Page 1 of 1

Reason for Filing
 Survey Retest
 Initial Test Correction
 Survey Retest

Operator P-S Organization No. 810874 RRC Dist. No. 08

G-10
 rev. 7/95

Test Period:
 Due Date:
 Effective Date

FIELD NAME * LEASE NAME	RRC IDENT NO.	DATE TESTED MO/DAY/YR	MARK X FOR SHUT-IN WELL	GAS PRODUCED MCF/DAY **	GAS SPEC. GRAVITY	CONDENSATE PRODUCED GRAVITY (API)	WATER PROD BBL/DAY	***SIWH PRESSURE PSIA
Embar (Yates) University Donna A	3004	2-11-08		143 MCF	0.7200	0.0 BBL	3.0 BBL	850#
				MCF		BBL	BBL	40#
				MCF		BBL	BBL	
				MCF		BBL	BBL	
				MCF		BBL	BBL	
				MCF		BBL	BBL	
				MCF		BBL	BBL	
				MCF		BBL	BBL	
				MCF		BBL	BBL	
				MCF		BBL	BBL	
				MCF		BBL	BBL	
				MCF		BBL	BBL	
				MCF		BBL	BBL	

CERTIFICATION: I declare under penalties prescribed in Title 16, Chapter 101, Subchapter A, Section 101.0143, 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.

Signature: *Carl Walker*

The Regulatory Agent

Phone: 432 684-6381

Date: 3-9-08

** AN ASTERISK PREPRINTED ON A SURVEY IDENTIFIES WELL SUBJECT TO COMMINGLING TEST REQUIREMENT
 *** GAS PRODUCTION RATE, IN MCF, IS TO BE REPORTED FULL-WELL STREAM, INCLUDING CONDENSATE
 **** PRESSURE FOR THE TEXAS HUGOCTON FIELD IS REPORTED IN PSIG
 X AN "X" PREPRINTED ON A SURVEY IN THE BOTTOMHOLE PRESSURE BOX INDICATES A BOTTOMHOLE PRESSURE MUST BE REPORTED FOR THE WELL

Cementer: Fill in shaded areas
Operator: Fill in other items

Form W-15
Cementing Report

RAILROAD COMMISSION OF TEXAS

Oil and Gas Division

1. Operator's Name (As Shown on Form P-5, Organization Report) St. Mary Land & Exploration		2. RRC Operator No. 870874	3. RRC District No. 08	4. County of Well Site Andrews
5. Field Name (Wildcat or Exactly as Shown on RRC Records) Embar (Yates)			6. API No.	7. Drilling Permit No. 650332
8. Lease Name University to Donna A		9. Rule 37 Case No.	10. Oil Lease/Gas ID No.	11. Well Number WW 3004

CASING CEMENTING DATA:	SURFACE CASING	INTERMEDIATE CASING	PRODUCTION CASING		MULTI-STAGE CEMENTING PROCESS	
			SINGLE STRING	MULTIPLE PARALLEL STRINGS	TOOL	SHOE
12. Cementing Date	12-5-07					
13. *Drilled Hole Size	12 1/4					
*Ext. % Wash or Hole Enlargement	N/A					
14. Size of Casing (in. O.D.)	8 5/8					
15. Top of Liner (ft)	N/A					
16. Setting Depth (ft)	620					
17. Number of Centralizers Used	N/A					
18. Hrs. Waiting on Cement Before Drill-Out	N/A					
1st slurry	19. API Cement Used: No. of Sacks >	230				
	Class >	StarLite C				
	Additives >	see remarks				
2nd slurry	No. of Sacks >	200				
	Class >	Class C				
	Additives >	see remarks				
3rd slurry	No. of Sacks >					
	Class >					
	Additives >					
1st	20. Slurry Pumped: Volume (cu.ft.) >	437.00				
	Height (ft) >	1058.88				
2nd	Volume (cu.ft.) >	264.00				
	Height (ft) >	639.69				
3rd	Volume (cu.ft.) >					
	Height (ft) >					
Total	Volume (cu.ft.) >	701				
	Height (ft) >	1699				
21. Was Cement Circulated to Ground Surface (or Bottom of Cella) Outside Casing?		Yes				

22. Remarks

Lead: 230 sks Class C StarLite 2% CaCl, 2% SM, .7% C-41P 13.00/1.90/10.38

Tail: 200 sks Class C 2% CaCl, .7% C-41P 14.80/1.32/6.33

Circulated 30 sks to pit

OVER ▶

Cementer: Fill in shaded areas
Operator: Fill in other items

Form W-15
Cementing Report

RAILROAD COMMISSION OF TEXAS

Oil and Gas Division

1. Operator's Name (As Shown on Form P-6, Organization Report) ST. MARYS Land & Exploration		2. RRC Operator No. 810874	3. RRC District No. 08	4. County of Well Site ANDREWS
5. Field Name (Wildcat or Exactly as Shown on RRC Records) Embar (Yates)		6. API No. 42003 40316		7. Drilling Permit No. 650332
8. Lease Name UNIVERSITY 10-NW Donna A		9. Rule 37 Case No.	10. Oil Lease/Gas ID No.	11. Well Number 3004

	CASING CEMENTING DATA:	SURFACE CASINGS	INTERMEDIATE CASING	PRODUCTION CASING		MULTI-STAGE CEMENTING PROCESS	
				SINGLE STRING	MULTIPLE PARALLEL STRINGS	TOOL	SHOE
	12. Cementing Date			12/11/07			
	13. *Drilled Hole Size			7 7/8"			
	*Ext. % Wash or Hole Enlargement			-			
	14. Size of Casing (in. O.D.)			4 1/2"			
	15. Top of Liner (ft)			-			
	16. Setting Depth (ft)			2975'			
	17. Number of Centralizers Used			3+			
	18. Hrs. Waiting on Cement Before Drill-Out			24+			
1st Slurry	19. API Cement Used: No. of Sacks >			350			
	Class >			C			
	Additives >			REMARKS#1			
2nd Slurry	No. of Sacks >			200			
	Class >			C			
	Additives >			REMARKS#2			
3rd Slurry	No. of Sacks >						
	Class >						
	Additives >						
1st	20. Slurry Pumped: Volume (cu.ft.) >			718.00			
	Height (ft) >			3155.00			
2nd	Volume (cu.ft.) >			302.00			
	Height (ft) >			1331.00			
3rd	Volume (cu.ft.) >						
	Height (ft) >						
Total	Volume (cu.ft.) >			1020			
	Height (ft) >			4486			
	21. Was Cement Circulated to Ground Surface (or Bottom of Cellar) Outside Casing?			YES			
22. Remarks							
LEAD 350 SKS 65/35/POZ "C" 6%GEL 5%SALT 7/10%C41P							
TAIL 200SKS C 2% GEL 4/10% C16A 7/10% C-41P							
PUMP 60 SKS BACK TO PIT							

OVER ►

**CERTIFICATE OF COMPLIANCE
 AND TRANSPORTATION AUTHORITY**

P-4

5/02

READ INSTRUCTIONS ON BACK

1. Field name exactly as shown on proration schedule Embar (Yates)		2. Lease name as shown on proration schedule University Donna A					
3. Current operator name exactly as shown on P-5 Organization Report St. Mary Land & Exploration Co.		4. Operator P-5 no. 810874	5. Oil Lse/Gas ID no.	6. County Andrews	7. RRC district 08		
8. Operator address including city, state, and zip code 3300 N. A St., Bldg 7, Suite 200, Midland, TX 79705		9. Well no(s) (see instruction E) 3004					
		10. Classification <input type="checkbox"/> oil <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Other (see instruction A)			11. Effective Date 1-26-08		
12. Purpose of Filing. (Complete section a or b below.) (See instructions B and G)							
a. Change of- operator <input type="checkbox"/> oil or condensate gatherer <input type="checkbox"/> gas gatherer <input type="checkbox"/> gas purchaser <input type="checkbox"/> gas purchaser system code field name from: _____ lease name from: _____ OR							
b. New RRC Number for: <input type="checkbox"/> oil lease <input checked="" type="checkbox"/> gas well <input type="checkbox"/> other well (specify) _____ Due to: <input checked="" type="checkbox"/> new completion or recompletion <input type="checkbox"/> reclass oil to gas <input type="checkbox"/> reclass gas to oil <input type="checkbox"/> consolidation, unitization, or subdivision (oil lease only)							
13. Authorized GAS WELL GAS or CASINGHEAD GAS Gatherer(s) and/or Purchaser(s). (See instruction G).							
Gatherer	Purchaser	Name of GAS WELL GAS or CASINGHEAD GAS Gatherer(s) or Purchaser(s) As Indicated in Columns to the Left <i>(Attach an additional sheet in same format if more space is needed)</i>			Purchaser's RRC Assigned System Code	Percent of Take	Full-well stream
X	X	DCP Midstream, LP			0001	100%	
14. Authorized OIL or CONDENSATE Gatherer(s). (See instruction Q).							
Name of OIL or CONDENSATE Gatherer(s) - List Highest Volume Gatherer First <i>(Attach an additional sheet in same format if more space is needed)</i>				Percent of Take	RRC USE ONLY		
					Reviewer's initials: _____		
					Approval date: _____		
15. PREVIOUS OPERATOR CERTIFICATION FOR CHANGE OF OPERATOR P-4 FILING. Being the PREVIOUS OPERATOR, I certify that operating responsibility for the well(s) designated in this filing, located on the subject lease has been transferred in its entirety to the above named Current Operator. I understand, as Previous Operator, that designation of the above named operator as Current Operator is not effective until this certificate is approved by the Commission.							
Name of Previous Operator			Signature				
Name (print)			<input type="checkbox"/> Authorized Employee of previous operator		<input type="checkbox"/> Authorized agent of previous operator (see instruction G)		
Title			Date		Phone with area code		
16. CURRENT OPERATOR CERTIFICATION. By signing this certificate as the Current Operator, I certify that all statements on this form are true and correct and I acknowledge responsibility for the regulatory compliance of the subject lease including plugging of well(s) pursuant to Rule 14. I further acknowledge that I assume responsibility for the physical operation, control, and proper plugging of each well designated in this filing, I also acknowledge that I will remain designated as the Current Operator until a new certificate designating a new Current Operator is approved by the Commission.							
Name			Signature				
Ann E. Ritchie			<input type="checkbox"/> Authorized Employee of current operator		<input checked="" type="checkbox"/> Authorized agent of current operator (see instruction G)		
Title			Date		Phone with area code		
Regulatory Agent			03/09/08		432 684-6381		
E-mail Address (optional) ann.ritchie@wtor.net			Date		Phone with area code		

**STATEMENT OF PRODUCTIVITY OF ACREAGE
ASSIGNED TO PRORATION UNITS**

Form P-15
(5-5-71)

The undersigned states that he is authorized to make this statement; that he has knowledge of the facts concerning the St. Mary Land & Exploration Co.

University Donna A LEASE No. 3004 OPERATOR WELL, that such well is completed in the Embar (Yates) Field, Andrews County,

Texas and that the acreage claimed, and assigned to such well for proration purposes as authorized by special rule and as shown on the attached certified plat embraces 40 acres which can reasonably be considered to be productive of hydrocarbons.

- CERTIFICATE -

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.

Date 03/09/08 Signature  Ann E. Ritchie

Telephone 432 AREA CODE 684-6381 Title Regulatory Agent

New Well, API # 42 003 40316.

TOPOGRAPHIC LAND SURVEYORS OF TEXAS

Surveying and Mapping for the Energy Industry

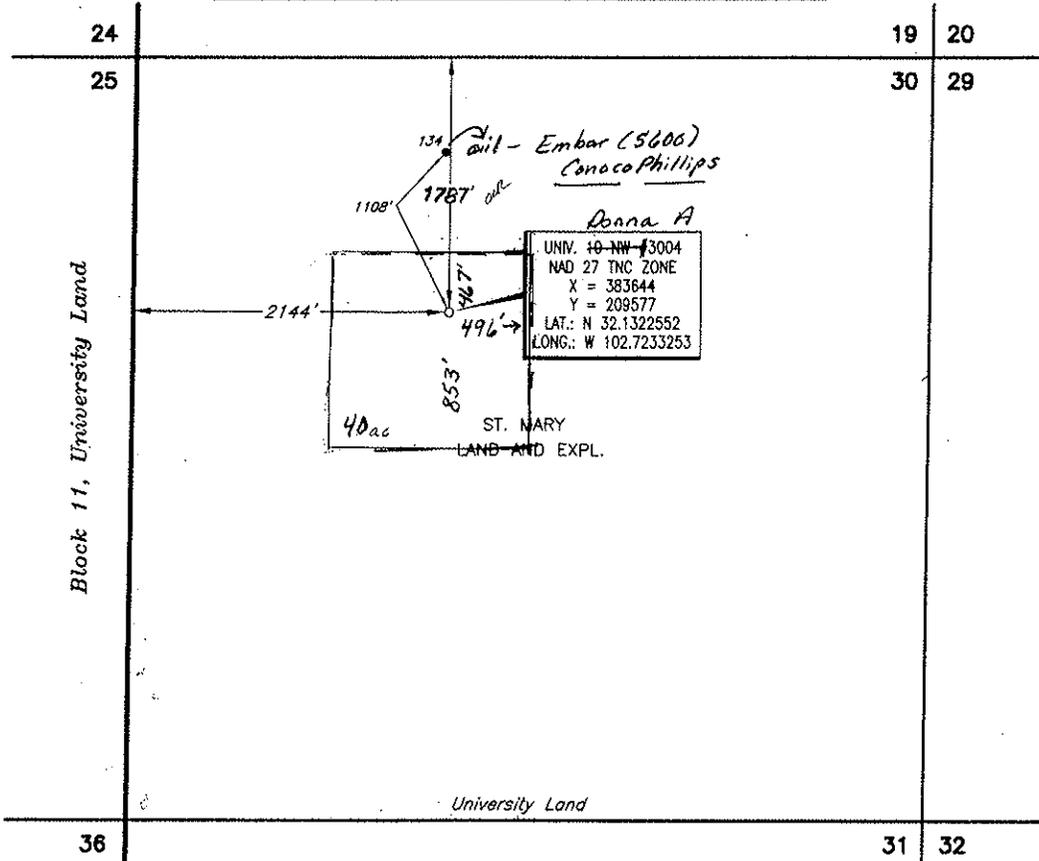
2903 N. BIG SPRING • MIDLAND, TEXAS 79705
 TELEPHONES: (432) 682-1853 • (800) 767-1653 • FAX (432) 682-1743

ANDREWS County, Texas

Description 1787' FNL & 2144' FWL

SECTION 30, BLOCK 10, UNIVERSITY LAND SURVEY

NAD 27
 GRID BEARINGS

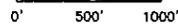


This location has been very carefully staked on the ground according to the best official survey records, maps, and other data available to us. This plot does not in any way represent a "Boundary Survey", and does not comply with correct T.B.P.L.S. Minimum Standards of Procedures for Boundary Surveys.

Scale: 1" = 1000'

SCALE: 1" = 1000'

Date Staked NOVEMBER 16, 2007



Operator ST. MARY LAND AND EXPL. New Drill

Lease Name & Well No. UNIVERSITY 10-NW #3004 Embar (Yates) Field-only

Ground Elev. 3245' Reference Stakes or NONE

Alternate Location

Good Drill Site? YES Stakes Set ±16.6 MILES SOUTHWEST OF ANDREWS, TEXAS

Topography & Vegetation NATURAL MESQUITE PASTURE

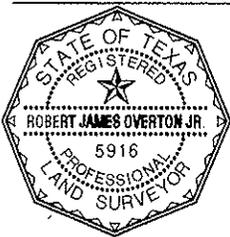
Best Accessibility to Location FROM LEASE ROAD EAST & NORTH OF THE LOCATION

Distance & Direction

from Hwy Jct. or Town FROM JCT. OF HWY 181 & COYOTE CORNER ROAD, GO EAST 0.9 MILES ON

COYOTE CORNER ROAD, THENCE NORTH 1.8 ON LEASE ROAD TO ABANDONED WELL PAD, A POINT ±75'

NORTH OF LOCATION.



CERTIFICATION:

I, Robert J. Overton Jr., a Registered Professional Land Surveyor, and an authorized agent of Topographic Land Surveyors, do hereby certify that the above described well location was surveyed and staked on the ground as shown herein.

Robert J. Overton Jr.
 Texas Reg. No. 5916