

RAILROAD COMMISSION OF TEXAS
Oil and Gas DivisionDisposal/Injection Well
Pressure Test Report

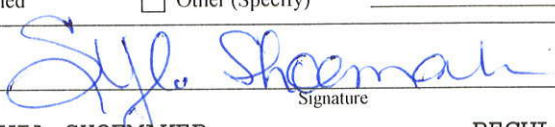
READ INSTRUCTIONS ON BACK

PLEASE TYPE OR PRINT

UIC CONTROL NO.

Type

FOR RRC USE ONLY

1. OPERATOR'S NAME SHERIDAN PRODUCTION COMPANY, LLC				2. RRC OPERATOR NO. 775854				
3. ADDRESS 200 N. LORAIN STE. 530 MIDLAND, TX 79701				4. RRC DISTRICT NO. 08				
				5. COUNTY ANDREWS				
6. FIELD NAME (Exactly as shown on proration schedule) MARTIN (CONSOLIDATED)			7. FIELD NO. 57774275		8. API NO. 42-003-46215			
9. LEASE NAME UNIVERSITY ATP			10a. OIL LEASE NO. 36491		10b. GAS ID NO.		11. WELL NO. 17W	
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 checked="" type="checkbox"/> Five-Year Test Required By Rule <input type="checkbox"/> Other (Specify) _____			13. DATE OF TEST 12/21/2018		14. RETEST? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, see Instruction No. 5			
			15. WELL COMPLETION Surface Casing Long String Casing Tubing		size 8-5/8			depth set 1482
					5-1/2 4820			
					2-7/8 4283			
			16a. PACKER MAKE AND MODEL AD-1		16b. DEPTH SET 4283			
			17. AUTHORIZED INJECTION PRESSURE (PSIG): 2000					
18a. PERMITTED INJECTION INTERVAL Top 4150 Bottom 4600				18b. COMPLETED INJECTION INTERVAL Top 4325 Bottom 4510				
19. TEST PRESSURE (PSIG) [see Instructions 4(c) and 4(d)]								
TIME	TUBING	CASING	SURFACE CSG.	TIME	TUBING	CASING	SURFACE CSG.	
Initial	850	580	0					
15 min.	850	580	0					
30 min.	850	580	0					
20. CHARACTERISTICS OF INJECTION FLUID [see Instruction 4(e)] PRODUCED WATER				21. CHARACTERISTICS OF ANNULUS FLUID [see Instructions 4(e) and 4(f)] PACKER FLUID				
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)								
WELL STATUS: <input checked="" type="checkbox"/> Active <input type="checkbox"/> Temporarily Abandoned <input type="checkbox"/> Other (Specify) _____								
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 herein are true, correct, and complete, to the best of my knowledge.				 _____ SYLVIA SHOEMAKER Name of Person (type or print) Title Telephone No. (432) 683-5271 Date 01/07/2019				
				REGULATORY ANALYST				

