

OPERATOR NAME AND ADDRESS including city, state and zip 827681 P O BOX 110 MIDLAND, TX, 79702		OIL WELL STATUS REPORT RAILROAD COMMISSION OF TEXAS Oil and Gas Division P.O. Box 12967 Austin, TX 78711-2967 Tracking 1457977 Status: Pending		Reason for Filing <input checked="checked" type="checkbox"/> Survey <input type="checkbox"/> Retest		Operator P-5 Organization 827681		RRC Dist. No. 08		W-10 Rev.7/95 www-1	
						Test Period: 02/2020 through 07/2020 Due Date: 08/01/2020 Effective 09/01/2020					
FIELD NAME * LEASE NAME	LEASE NO.	WELL NO	F- FLOWING P- PUMPING G- GAS LIFT S-	DATE TESTED MO/DAY/YR	OIL PRODUCED (BBL/DAY)	WATER PRODUCED (BBL/DAY)	GAS PRODUCED (MCF/DAY)	SHUT-IN X			
SAND HILLS (WOLFCAMP) MCKNIGHT, M.B.	24541	510H	PUMPING	04/18/2020	15.0 BBL	17 BBL	77 MCF				
UNIVERSITY WADDELL (DEVONIAN) HENDERSON, M. F.	07059	167	PUMPING	05/19/2020	7.8 BBL	12 BBL	9 MCF				
UNIVERSITY WADDELL (DEVONIAN) TEXAS CONSOLIDATED #1	07060	G 3GU	PUMPING	04/07/2020	10.0 BBL	15 BBL	5 MCF				
UNIVERSITY WADDELL (DEVONIAN) TEXAS CONSOLIDATED #1	07060	G 8G			BBL	BBL	MCF	X			
UNIVERSITY WADDELL (DEVONIAN) TEXAS CONSOLIDATED #1	07060	G 12G	PUMPING	04/10/2020	3.8 BBL	40 BBL	5 MCF				
UNIVERSITY WADDELL (DEVONIAN) TEXAS CONSOLIDATED #1	07060	G 13GU	PUMPING	03/19/2020	14.6 BBL	27 BBL	10 MCF				
UNIVERSITY WADDELL (DEVONIAN) TEXAS CONSOLIDATED #1	07060	G 14G			BBL	BBL	MCF	X			
UNIVERSITY WADDELL (DEVONIAN) TEXAS CONSOLIDATED #1	07060	G 15G	PUMPING	04/20/2020	7.8 BBL	103 BBL	5 MCF				
UNIVERSITY WADDELL (DEVONIAN) TEXAS CONSOLIDATED #1	07060	G 16G	PUMPING	04/13/2020	7.0 BBL	17 BBL	5 MCF				
UNIVERSITY WADDELL (DEVONIAN) HENDERSON, M. F.	07059	146	PUMPING	04/13/2020	6.0 BBL	20 BBL	4 MCF				

CERTIFICATION: I declare under penalties prescribed in Texas Natural Resources Code, Sec.91.143., 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 _____ **Shirley Melton**
 Title: _____
 Phone: (432) 557-1796
 Date: 05/26/2020

* AN ASTERISK PREPRINTED ON A SURVEY IDENTIFIES WELL SUBJECT TO COMMINGLING TEST REQUIREMENT

"X" AN "X" IS PLACED IN THE SHUT-IN BLOCK TO INDICATE THE WELL IS SHUT-IN