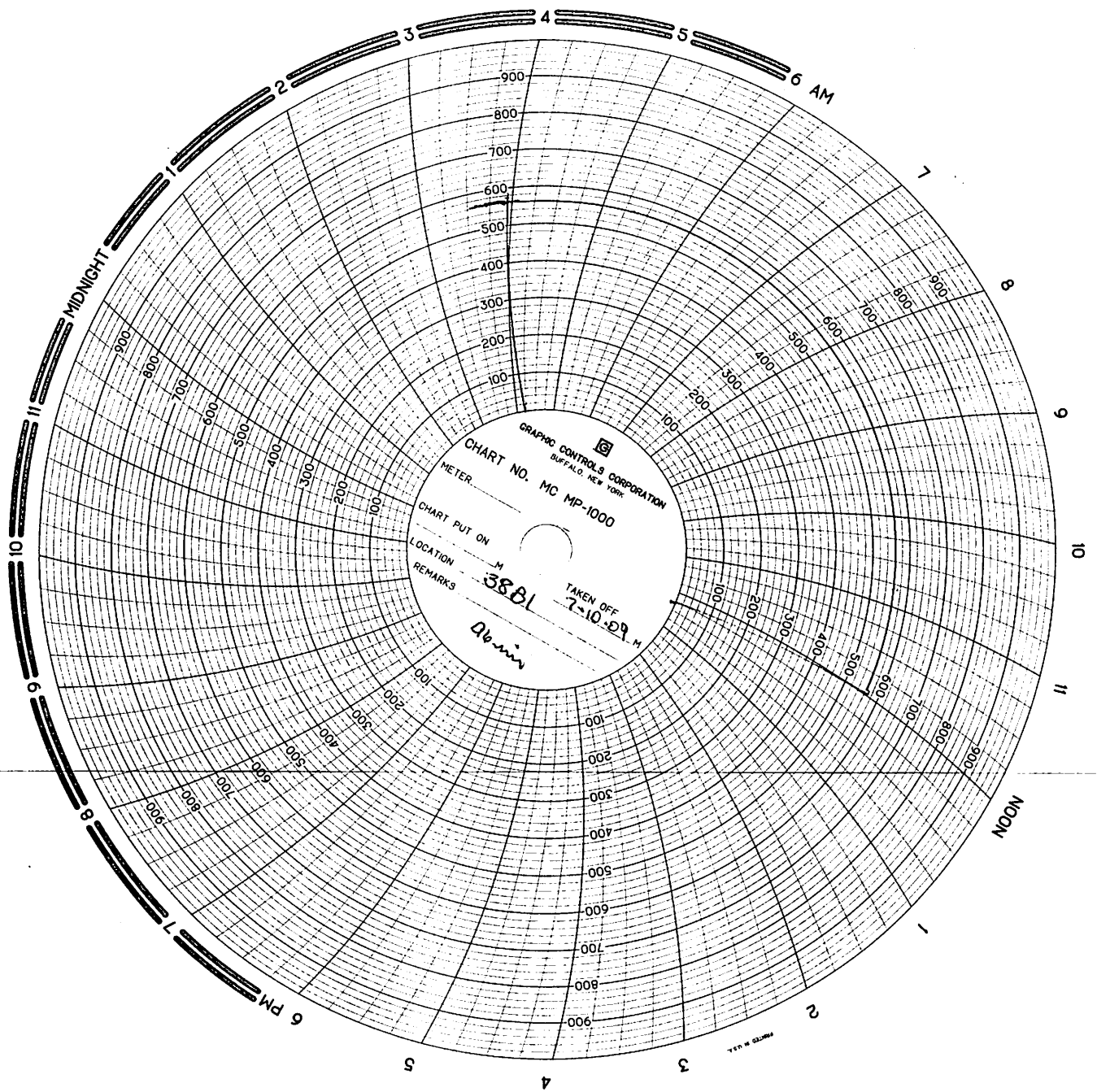


## TEST ON AN INACTIVE WELL MORE THAN 25 YEARS OLD

<b>1. OPERATOR NAME</b> exactly as on P-5, Organization Report  <b>BP AMERICA PRODUCTION COMPANY</b>	<b>2. OPERATOR P-5 NO.</b>  <b>029347</b>	<b>3. RRC DISTRICT NO.</b>  <b>8</b>
<b>4. OPERATOR ADDRESS</b> including city, state, and zip code  <b>1501 FM1601</b>  <b>Crane, TX 79731</b>	<b>5. FIELD NAME</b> exactly as on Proration Schedule <b>Block 31 (Devonian)</b> <b>6. LEASE NAME</b> exactly as on Proration Schedule <b>Block 31 Unit</b>	
<b>7. HISTORICAL WELLBORE DATE</b> Month / Day / Year Drilling (spud)      Earlier completion <input checked="" type="checkbox"/> date of wellbore <input type="checkbox"/> date in wellbore (if drilling date unknown) <b>10      5      82</b>	<b>8. OIL LEASE OR GAS ID NO.</b>  <b>27766</b>	<b>9. WELL NO.</b>  <b>University 38B-1</b>
<b>10. DATE TEST PERFORMED</b>  <b>07/10/2009</b>	<b>11. BASE OF DEEPEST USABLE-QUALITY WATER (subsurface)</b>  <b>650</b>	<b>12. COUNTY</b>  <b>Crane</b>
<b>13. API NO.</b>  <b>42- 103-32997</b>		
<b>14. TYPE OF TEST. COMPLETE EITHER A. OR B.</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> <b>A. Annual Fluid Level Test.</b>             Top of fluid in wellbore: _____            (give total depth of wellbore if no fluid is encountered)             Determined by:  <input type="checkbox"/> sonic survey    <input type="checkbox"/> wireline    <input type="checkbox"/> visual (to be used only when the top of fluid is visible from surface)   <input type="checkbox"/> Other; specify _____            Performed by: (name of individual and company) _____         </div> <div style="width: 48%;"> <input checked="" type="checkbox"/> <b>B. Mechanical Integrity Test.</b>             Type of mechanical integrity test performed (check one):  <input type="checkbox"/> Hydraulic Pressure —                cast iron bridge                plug/packer depth: _____  <input type="checkbox"/> other: (specify) _____             Reason for mechanical integrity test (check one):  <input checked="" type="checkbox"/> Substitute for annual fluid level test   <input type="checkbox"/> Required for well 25 or more years old AND inactive 10 years or more (effective January 1, 1997)         </div> </div>		
<b>15. OPERATOR REMARKS</b>	<b>16. LOCATION. See Instruction No. 3</b> section: <b>38</b> block: <b>31</b> abstract: survey: <b>University Lands</b> well — perpendicular surface location from two nearest survey lines: <b>1980</b> feet from <b>South</b> line and <b>660</b> feet from <b>West</b> line.	
<b>CERTIFICATION.</b> I declare under felony conviction penalties prescribed in Texas Natural Resources Code, 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 the data and facts stated herein are true, correct, and complete to the best of my knowledge; further, I declare to the best of my knowledge, that this well is not 1) polluting or likely to pollute any ground or surface water nor 2) allowing escape of formation fluids from the strata in which they were originally located.  <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;">             Signature         </div> <div style="width: 48%;"> <b>James Franklin</b>            Name (print or type)         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 48%;"> <b>Production Team Lead</b>            Title         </div> <div style="width: 48%;"> <b>07/10/2009</b>      <b>(432) 558-1730</b>            Date      Phone         </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>AUSTIN</b>  <input type="checkbox"/> <b>PENDING.</b> Date forwarded to District for review: _____         </div> <div style="width: 48%;"> <b>RRC USE ONLY</b>  <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> <b>APPROVED</b>      <input type="checkbox"/> <b>NOT APPROVED</b> </div> <input type="checkbox"/> number of years mechanical integrity test approved for, if for less than 5 years (from date performed).             review by _____            review date _____         </div> </div>		



Casing Pressure	560
Tubing Pressure	560
Date:	7-10-09
Company:	K&J
Sig:	H. Williams

no tubing in hole