

TEST ON AN INACTIVE
WELL MORE THAN
25 YEARS OLD

SENT
JUL 06 2009

READ INSTRUCTIONS ON BACK

1. OPERATOR NAME exactly as on P-5, Organization Report <i>Resaca Operating Company</i>		2. OPERATOR P-5 NO. <i>703238</i>		3. RRC DISTRICT NO. <i>08</i>	
4. OPERATOR ADDRESS including city, state, and zip code <i>2600 W. I-20</i> <i>Odessa, TX 79763</i>		5. FIELD NAME exactly as on Proration Schedule <i>Jordan</i>			
6. LEASE NAME exactly as on Proration Schedule <i>Jordan San Andres Unit</i>					
7. HISTORICAL WELLBORE DATE <input checked="" type="checkbox"/> Drilling (spud) date of wellbore <input type="checkbox"/> Earliest completion date in wellbore (if drilling date unknown) <i>2/22/1940</i>		8. OIL LEASE OR GAS ID NO. <i>20650</i>		9. WELL NO. <i>7908</i>	
10. DATE TEST PERFORMED <i>6/29/09</i>		11. BASE OF DEEPEST USABLE-QUALITY WATER (subsurface) <i>700'-800'</i>		12. COUNTY <i>Ector</i>	
13. API NO. <i>42-135-05165</i>					
14. TYPE OF TEST. COMPLETE EITHER A. OR B. <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input checked="" type="checkbox"/> A. Annual Fluid Level Test. Top of fluid in wellbore: <i>3356' From Surface</i> (give total depth of wellbore if no fluid is encountered) Determined by: <input checked="" 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) <i>Leo Cedillo Production Foreman</i> <i>Resaca Operating Company</i> </div> <div style="width: 48%;"> <input type="checkbox"/> B. Mechanical Integrity Test. 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 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>					
15. OPERATOR REMARKS			16. LOCATION. See Instruction No. 3 section: <i>9</i> block: <i>35</i> abstract: survey: <i>ULS</i> well — perpendicular surface location from two nearest survey lines: <i>990</i> feet from <i>South</i> line and <i>330</i> feet from <i>East</i> line.		
<p>CERTIFICATION. 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.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> Signature <i>[Signature]</i> Title <i>Engineer Assistant</i> </div> <div style="width: 48%;"> Name (print or type) <i>Melanie Reyes</i> Date <i>7-2-09</i> Phone <i>432,580-8500</i> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> AUSTIN <input type="checkbox"/> PENDING. Date forwarded to District for review: </div> <div style="width: 48%;"> <input type="checkbox"/> RRC USE ONLY <input type="checkbox"/> APPROVED <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>					