

RAILROAD COMMISSION OF TEXAS

Oil and Gas Division

Disposal/Injection Well
Pressure Test Report

UIC CONTROL NO. _____
Type _____
FOR RRC USE ONLY

READ INSTRUCTIONS ON BACK

PLEASE TYPE OR PRINT

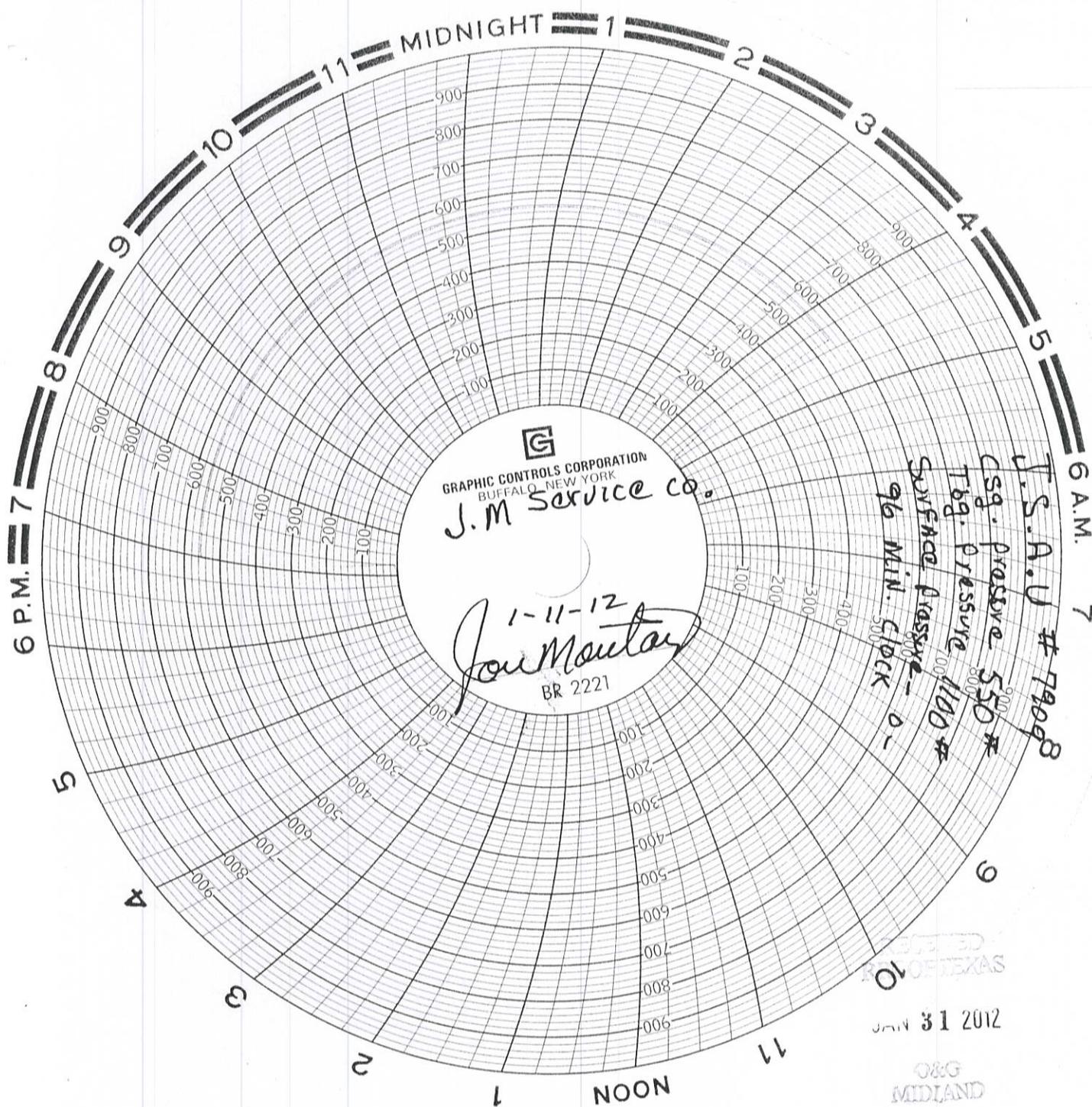
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RRC OF TEXAS
O&G
MIDLAND

1. OPERATOR'S NAME <i>Resaca Operating Company</i>		2. RRC OPERATOR NO. <i>703238</i>	
3. ADDRESS <i>2509 Maurice Road Odessa, TX 79763</i>		4. RRC DISTRICT NO. <i>08</i>	
6. FIELD NAME (Exactly as shown on proration schedule) <i>Jordan</i>		7. FIELD NO.	
9. LEASE NAME <i>Jordan San Andres Unit</i>		5. COUNTY <i>Ector</i>	
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) _____		8. API NO. <i>42-135-30743</i>	
13. DATE OF TEST <i>1-11-12</i>		10a. OIL LEASE NO. <i>20650</i>	
14. RETEST? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, see Instruction No. 5		10b. GAS ID NO. _____	
15. WELL COMPLETION		11. WELL NO. <i>7909W</i>	
16a. PACKER MAKE AND MODEL <i>Baker Lock Set</i>		16b. DEPTH SET <i>3152'</i>	
17. AUTHORIZED INJECTION PRESSURE (PSIG): <i>1505</i>			
18a. PERMITTED INJECTION INTERVAL Top <i>3010'</i> Bottom <i>3620'</i>		18b. COMPLETED INJECTION INTERVAL Top <i>3390'</i> Bottom <i>3592'</i>	
19. TEST PRESSURE (PSIG) [see Instructions 4(c) and 4(d)]			
TIME	TUBING	CASING	SURFACE CSG.
Initial	<i>1100</i>	<i>550</i>	<i>0</i>
15 min.	<i>1100</i>	<i>550</i>	<i>0</i>
30 min.	<i>1100</i>	<i>550</i>	<i>0</i>
_____	_____	_____	_____
20. CHARACTERISTICS OF INJECTION FLUID [see Instruction 4(e)] <i>Produced Water</i>		21. CHARACTERISTICS OF ANNULUS FLUID [see Instructions 4 (e) and 4(f)] <i>Fresh Water and Packer Fluid</i>	
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) _____			

25. WELL STATUS: Active Temporarily Abandoned 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.

Signature: *M. Reyes*
Name of Person (type or print): *Melanie Reyes* Title: *Engineer Assistant*
Telephone No. *(432) 580-8500* Date: *1/27/12*



U.S.A.U # 79098
 CSg. Pressure 550 #
 Tbg. Pressure 1100 #
 SURFACE PRESSURE 0-
 96 MIN. CLOCK 0-

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 O&G TEXAS
 JAN 31 2012
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 MIDLAND