

06/03/85

## RAILROAD COMMISSION OF TEXAS

## Oil and Gas Division

Disposal/Injection Well  
Pressure Test Report

READ INSTRUCTIONS ON BACK

PLEASE TYPE OR PRINT

UIC CONTROL NO.

Type

FOR RRC USE ONLY

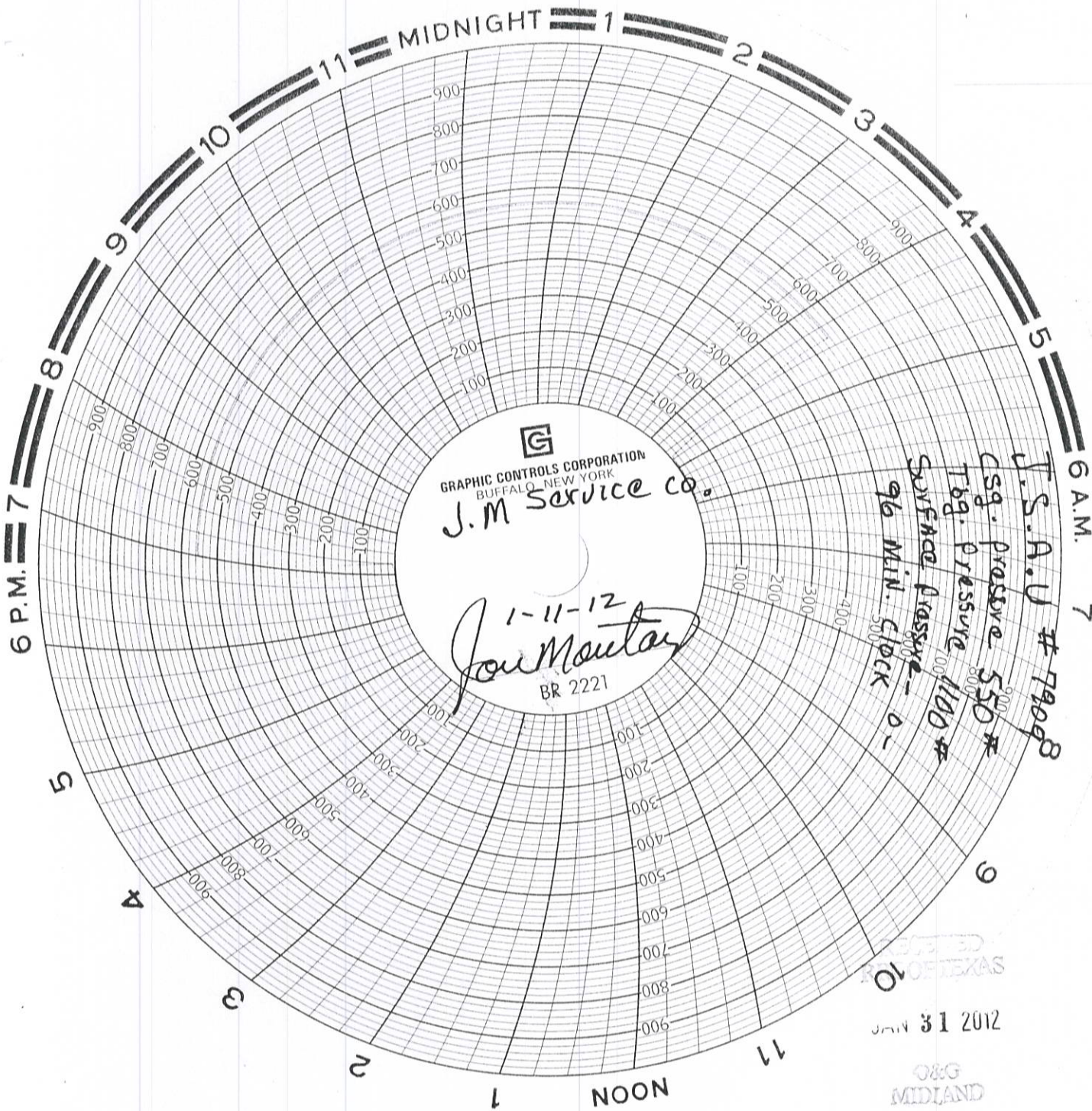
|  |             |   |              |
|--|-------------|---|--------------|
| 1. OPERATOR'S NAME<br><i>Resaca Operating Company</i>  |             | 2. RRC OPERATOR NO.<br><i>703238</i>  |              |
| 3. ADDRESS<br><i>2509 Maurice Road<br/>Odessa, TX 79763</i>  |             | 4. RRC DISTRICT NO.<br><i>08</i>  |              |
| 6. FIELD NAME (Exactly as shown on proration schedule)<br><i>Jordan</i>  |             | 7. FIELD NO.  |              |
| 9. LEASE NAME<br><i>Jordan San Andres Unit</i>   |             | 10a. OIL LEASE NO.<br><i>20650</i>  |              |
| 12. REASON FOR TEST<br><input type="checkbox"/> Initial Test Prior to Injection<br><input type="checkbox"/> After Workover<br><input type="checkbox"/> Annual Test Required By Permit<br><input checked="" type="checkbox"/> Five-Year Test Required By Rule<br><input type="checkbox"/> Other (Specify) _____ |             | 13. DATE OF TEST<br><i>1-11-12</i>  |              |
|  |             | 14. RETEST? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, see Instruction No. 5  |              |
|  |             | 15. WELL COMPLETION<br>size depth set<br>Surface Casing <i>8 5/8"</i> <i>777'</i><br>Long String Casing <i>5 1/2"</i> <i>3800'</i><br>Tubing <i>2 3/8"</i> <i>3152'</i> |              |
|  |             | 16a. PACKER MAKE AND MODEL<br><i>Baker Lock Set</i>   |              |
|  |             | 16b. DEPTH SET<br><i>3152'</i>  |              |
|  |             | 17. AUTHORIZED INJECTION PRESSURE (PSIG): <i>1505</i>   |              |
| 18a. PERMITTED INJECTION INTERVAL<br>Top <i>3010'</i> Bottom <i>3620'</i>  |             | 18b. COMPLETED INJECTION INTERVAL<br>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<br>[see Instruction 4(e)]<br><i>Produced Water</i>  |             | 21. CHARACTERISTICS OF ANNULUS FLUID<br>[see Instructions 4 (e) and 4(f)]<br><i>Fresh Water and Packer Fluid</i>  |              |
| 22. TEST WITNESSED BY RRC? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If NO, see Instruction 4(a)<br>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: <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.

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





GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK  
**J.M Service Co.**

1-11-12  
*Jon Moutay*  
BR 2221

U.S.A.U # 79098  
CSG. Pressure 550 #  
Tbg. Pressure 1100 #  
Surface Pressure 0-  
96 Min. Clock

RECEIVED  
KROFT TEXAS

JUN 31 2012

O&G  
MIDLAND