

RAILROAD COMMISSION OF TEXAS

Oil and Gas Division

Form G-1

Rev. 4/1/83

EAG0897

Type or print only

483-047

API No. 42-383-33886

7. RRC District No.

7C

8. RRC Gas ID No.

238100 Pending

9. Well No.

6

10. County of well site

Reagan

11. Purpose of filing

Initial Potential ☐Retest ☐Reclass ☒Well record only
(Explain in remarks)Gas Well Back Pressure Test,
Completion or Recompletion Report, and Log

1. FIELD NAME (as per RRC Records or Wildcat)

Big Lake (Strawn)

2. LEASE NAME

University BL

3. OPERATOR'S NAME (exactly as shown on Form P-5, Organization Report)

Marathon Oil Company

RRC Operator No.

525380

4. ADDRESS

P.O. Box 3487 Houston, TX 77253-3487

5. Location (Section, Block, and Survey)

12 2 ULS

5b. Distance and direction to nearest town in this county.

1 Mile NE From Texon

6. If operator has changed within last 60 days,
name former operator12. If workover or reclass, give former field (with reservoir) & Gas ID or
oil lease no.
FIELD & RESERVOIRGAS ID or
OIL LEASE #Oil -- O
Gas -- GWELL
#

Big Lake (Fusselman)

07510

0

6

13. Pipe Line Connection

Davis, J.L./Big Lake GPLT

14. Completion or recompletion date

6/26/06

15. Any condensate on hand at time of workover
or recompletion? ☐ Yes ☐ No

16. Type of Electric or other Log Run.

Section I

GAS MEASUREMENT DATA

Date of Test 06/29/06		Gas measurement Method (Check One) Orifice Meter <input checked="" type="checkbox"/> Flange Taps <input type="checkbox"/> Pipe Taps <input type="checkbox"/>				Positive Choke <input type="checkbox"/>	Orifice Vent Meter <input type="checkbox"/>	Pitot Tube <input type="checkbox"/>	Critical-flow Prover <input type="checkbox"/>	Gas produced during test 86 MCF	
Run No.	Line Size	Orif. or Choke Size	24 Hr. Coeff. Orif. or Choke	Static P _m or Choke Press	Diff h _w	Flow Temp. °F	Temp. Factor F _{if}	Gravity Factor F _g	Compress Factor F _{pv}	Volume MCF/DAY	
1	2	4.2	16893	8.8	4	80	.9813	.8011	1.002	80	
2											
3											
4											

Section II

FIELD DATA AND PRESSURE CALCULATIONS

Gravity (Dry Gas) .935		Gravity Liquid Hydrocarbon Deg. API		Gas-Liquid Hydro Ratio CF/Bbl		Gravity of Mixture G _{mix} = .935		Avg. Shut-in Temp. 148 °F		Bottom Hole Temp. 236° F @ 8346 (Depth)	
D _{eff} ^{8/3} =			$\sqrt{T_f} = \sqrt{\quad} =$			$\sqrt{GL} = \sqrt{\quad} =$					
C = $\frac{1118 \times (D_{eff})^{8/3}}{\sqrt{T}} =$						$\frac{\sqrt{GL}}{C} = \quad =$					
Run No.	Time of Run Min.	Choke Size	Wellhead Press. PSIA P _w	Wellhead Flow Temp. °F	P _w ² (Thousands)	R	R ² (Thousands)	P ₁	P _w /P ₁		
Shut-In			115	60							
1	4320	ADJ	30	80							
2											
3											
4											
Run No.	F	K	S = $\frac{1}{z}$	E _{ks}	P _f and P _s	P _f ² and P _s ² (Thousands)	P _f ² - P _s ² (Thousands)	Angle of Slope			
Shut-In								θ			
1								n			
2								Absolute Open Flow			
3							 MCF/DAY			
4											

WELL TESTER'S CERTIFICATION: I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I conducted or supervised this test and that data and facts shown in Sections I and II above are true, correct, and complete, to the best of my knowledge. Bottomhole temperature and the diameter and length of flow string were furnished by the operator of the well.

Marathon Oil Company

Signature: Well Tester

Name of Company

RRC Representative

OPERATOR'S CERTIFICATION: I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this report, that I prepared or supervised and directed this report, and that data and facts stated therein are true, correct, and complete, to the best of my knowledge.

Shawna C. Yezak

Regulatory Tech

3/24/08

Tel: (713) 296-3305

Signature: Operator's representative

Title

Date

A/C

Number

DATA ON WELL COMPLETION AND LOG (Not Required on Retest)

41. FORMATION RECORD (LIST DEPTHS OF PRINCIPAL GEOLOGICAL MARKERS AND FORMATION TOPS)			
Formations	Depth	Formations	Depth
Wolfcamp	6930	Ellenburger	8822'
Strawn	8294'		
Fuselman	8460		

REMARKS Re-completion to the Strawn formation.
Re-classify from Oil to Gas Well.

GAS WELL
CLASSIFICATION REPORT

EAG0897

READ INSTRUCTIONS ON BACK

1. OPERATOR NAME (Exactly as shown on Form P-5 Organization Report) Marathon Oil Company		3. RRC DISTRICT NO. 7C	4. OIL LEASE NO. OR GAS WELL ID NO.																												
2. MAILING ADDRESS P.O. Box 3487 Houston, Texas 77253-3487		5. WELL NO. 6	6. API NO. 42- 383-33886																												
		7. COUNTY OF WELL SITE Reagan																													
8. FIELD NAME Big Lake (Strawn)		9. LEASE NAME University BL																													
10. LOCATION (Section, Block, and Survey) SEC. 12, BLK. 2, UL SURVEY		11. PIPELINE CONNECTION OR USE OF GAS Davis, J.L.-Big Lake Gasoline Plant																													
I. PRODUCTION TEST AT RATE ELECTED BY OPERATOR (data on 24-hour basis)		II. A.S.T.M. DISTILLATION OF LIQUID SAMPLE. Distillation test is required for gas wells ONLY if the producing gas-liquid hydrocarbon ratio is less than 100,000 CF/barrel.																													
<p>A. Date of Test <u>6/29/08</u></p> <p>B. Gas Volume <u>86</u> (Mcf)</p> <p>C. Oil or Condensate Volume <u>0</u> (Bbl)</p> <p>D. Water Volume <u>0</u> (Bbl)</p> <p>E. Gas/Liquid Hydrocarbon Ratio <u>N/A</u> (Cf/Bbl)</p> <p>F. Flowing Tubing Pressure <u>38</u> (psia)</p> <p>G. Choke Size <u>Adj</u> (in.)</p> <p>H. Casing Pressure <u>N/A</u> (psia)</p> <p>I. Shut-in Wellhead Pressure-Tubing <u>115</u> (psia)</p> <p>J. Separator Operating Pressure <u>8.8</u> (psia)</p> <p>K. Color of Stock Tank Liquid <u>Clear</u></p> <p>L. Gravity of Separator Liquid _____ °API</p> <p>M. Gravity of Stock Tank Liquid _____ °API</p> <p>N. Specific Gravity of the Gas (Air = 1) <u>.9359</u></p>		<p>Date Liquid Sample Obtained _____</p> <p>Where Obtained: <input type="checkbox"/> Separator <input type="checkbox"/> Stock Tank</p> <table style="width:100%;"> <thead> <tr> <th>% Over Initial Boiling Temp.</th> <th>Temp. (deg. F)</th> <th>% Over</th> <th>Temp. (deg. F)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>60</td> <td></td> </tr> <tr> <td>10</td> <td></td> <td>70</td> <td></td> </tr> <tr> <td>20</td> <td></td> <td>80</td> <td></td> </tr> <tr> <td>30</td> <td></td> <td>90</td> <td></td> </tr> <tr> <td>40</td> <td></td> <td>95</td> <td></td> </tr> <tr> <td>50</td> <td></td> <td>End Point</td> <td></td> </tr> </tbody> </table> <p>Total Recovery _____ percent</p> <p>Residue _____ percent</p> <p>Loss _____ percent</p>		% Over Initial Boiling Temp.	Temp. (deg. F)	% Over	Temp. (deg. F)			60		10		70		20		80		30		90		40		95		50		End Point	
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30		90																													
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<p>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 therein are true, correct, and complete to the best of my knowledge.</p> <p><u>03/24/08</u></p> <p>DATE</p>		<p>RRC USE ONLY</p> <p><u>Shawna C. Yezak</u> NAME (Type or Print)</p> <p>_____ SIGNATURE</p> <p><u>Regulatory Tech</u> TITLE</p> <p><u>Shawna C. Yezak</u> (713) 296-3305 CONTACT PERSON PHONE NUMBER</p>																													

**CERTIFICATE OF COMPLIANCE
AND TRANSPORTATION AUTHORITY**

READ INSTRUCTIONS ON BACK

P-4

5/02
EAG0502

1. Field name exactly as shown on proration schedule BIG LAKE (STRAWN)		2. Lease name as shown on proration schedule UNIVERSITY BL					
3. Current operator name exactly as shown on P-5 Organization Report MARATHON OIL COMPANY		4. Operator P-5 no. 525380	5. Oil Lse/Gas ID no. 07510	6. County REAGAN	7. RRC district 7C		
8. Operator address including city, state, and zip code 5555 SAN FELIPE ST, MAILSTOP 33:08 HOUSTON, TX 77056-2701		9. Well no(s) (see instruction E) 6					
		10. Classification <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Other (see instruction A)		11. Effective date 06/26/2006			
12. Purpose of Filing. (Complete section a or b below.) (See instructions B and G) a. Change of: <input type="checkbox"/> operator <input type="checkbox"/> oil or condensate gatherer <input type="checkbox"/> gas gatherer <input type="checkbox"/> gas purchaser <input type="checkbox"/> gas purchaser system code <input checked="" type="checkbox"/> field name from: BIG LAKE (Strawn) <input type="checkbox"/> lease name from: _____ OR b. New RRC Number for: <input type="checkbox"/> oil lease <input type="checkbox"/> gas well <input type="checkbox"/> other well (specify) _____ Due to: <input checked="" type="checkbox"/> new completion or recompletion <input checked="" type="checkbox"/> reclass oil to gas <input type="checkbox"/> reclass gas to oil <input type="checkbox"/> consolidation, unitization, or subdivision (oil lease only)							
13. Authorized GAS WELL GAS or CASINGHEAD GAS Gatherer(s) and/or Purchaser(s). (See Instruction G).							
Gatherer	Purchaser	Name of GAS WELL GAS or CASINGHEAD GAS Gatherer(s) or Purchaser(s) As Indicated in Columns to the Left (Attach an additional sheet in same format if more space is needed)			Purchaser's RRC Assigned System Code	Percent of Take	Full-well stream
x	x	DAVIS, J.L.-BIG LAKE GASOLINE PLT			204820	100	
14. Authorized OIL or CONDENSATE Gatherer(s). (See instruction G).							
Name of OIL or CONDENSATE Gatherer(s) - List Highest Volume Gatherer First (Attach an additional sheet in same format if more space is needed)					Percent of Take	RRC USE ONLY	
SCURLOCK PERMIAN LLC					100	Reviewer's initials: _____	
						Approval date: _____	
15. PREVIOUS OPERATOR CERTIFICATION FOR CHANGE OF OPERATOR P-4 FILING. Being the PREVIOUS OPERATOR, I certify that operating responsibility for the well(s) designated in this filing, located on the subject lease has been transferred in its entirety to the above named Current Operator. I understand, as Previous Operator, that designation of the above named operator as Current Operator is not effective until this certificate is approved by the Commission.							
Name of Previous Operator _____ Name (print) _____ Title _____				Signature _____ <input type="checkbox"/> Authorized Employee of previous operator <input type="checkbox"/> Authorized agent of previous operator (see instruction G) _____ Date _____ Phone with area code _____			
16. CURRENT OPERATOR CERTIFICATION. By signing this certificate as the Current Operator, I certify that all statements on this form are true and correct and I acknowledge responsibility for the regulatory compliance of the subject lease including plugging of well(s) pursuant to Rule 14. I further acknowledge that I assume responsibility for the physical operation, control, and proper plugging of each well designated in this filing. I also acknowledge that I will remain designated as the Current Operator until a new certificate designating a new Current Operator is approved by the Commission.							
Shawna C. Yezak Name (print) _____ REGULATORY COMPLIANCE TECH Title _____				Signature _____ <input checked="" type="checkbox"/> Authorized Employee of current operator <input type="checkbox"/> Authorized agent of current operator (see instruction G) _____ 03/24/08 Date _____ 713-296-3305 Phone with area code _____			
E-mail Address (optional) _____							