

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. **2381100 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)

16. Type of Electric or other Log Run.

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**

Sb. 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 operator

12. If workover or reclass, give former field (with reservoir) & Gas ID or oil lease no. FIELD & RESERVOIR **Big Lake (Fusselman)**

GAS ID or OIL LEASE # **07510**

Oil -- O Gas -- G **0**

WELL # **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

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	Wellhead Flow Temp. °F	P _w ² (Thousands)	R	R ² (Thousands)	P ₁	R _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

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

17. Type of Completion: New Well Deepening Plug Back Other

18. Permit to Drill, Plug Back or Deepen DATE **5/16/2006** PERMIT NO. **619349**

19. Notice of Intention to Drill this well was filed in Name of **Marathon Oil Company**

20. Number of producing wells on this lease in this field (reservoir) including this well **1**

21. Total number of acres in this lease **1600**

22. Date Plug Back, Deepening, WorkOver or Drilling Operations: Commenced **5/25/06** Completed **6/26/06**

23. Distance to nearest well, Same Lease & Reservoir **0**

24. Location of well, relative to nearest lease boundaries of lease on which this well is located **1665** Feet From **North** Line and **660** Feet from **South** Line of the **University BL** Lease

25. Elevation (DF, RKB, RT, GR, ETC.) **2683' GR**

26. Was directional survey made other than inclination (Form W--12)? Yes No

27. Top of Pay **8302'**

28. Total Depth **9250'**

29. P.B. Depth **8390'**

30. Surface Casing Determined by: Field Rules Recommendation of T.D.W.R. Railroad Commission (Special)

Dt. of Letter **3/31/88**

31. Is well multiple completion? Yes No

32. If multiple completion, list all reservoir names (completions in this well) and Oil Lease or Gas ID No. FIELD & RESERVOIR GAS ID or OIL LEASE# OIL--O Gas--G WELL #

33. Intervals Drilled by: Rotary Tools Cable Tools

34. Name of Drilling Contractor

35. Is Cementing Affidavit Attached? Yes No

36. CASING RECORD (Report All Strings Set in Well)

CASING SIZE	WT#/FT.	DEPTH SET	MULTISTAGE TOOL DEPTH	TYPE & AMOUNT CEMENT (sacks)	HOLE SIZE	TOP OF CEMENT	SLURRY VOL. cu. ft.
8 5/8"	24#	885'	475 sx		12 1/4"	Surface	809
5 1/2"	155#	9250'	3021	3648 sx	7 7/8"	2208	2379

37. LINER RECORD

Size	TOP	Bottom	Sacks Cement	Screen

38. TUBING RECORD

Size	Depth Set	Packer Set	From	To
2 7/8"	8258'	8225'	8302'	8391'

39. Producing Interval (this completion) Indicate depth of perforation or open hole

40. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

Depth Interval	Amount and Kind of Material Used
8302-8391'	3000 gals 15% HCL
CIBP @ 8140 w/20' cmt on top	

41. FORMATION RECORD (LIST DEPTHS OF PRINCIPAL GEOLOGICAL MARKERS AND FORMATION TOPS)

Formations	Depth	Formations	Depth
Wolfcamp	6930	Ellenburger	8822'
Strawn	8294'		
Fusselman	8460		

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

GAS WELL
CLASSIFICATION REPORT

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%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">% Over Initial Boiling Temp.</th> <th style="width:25%;">Temp. (deg. F)</th> <th style="width:15%;">% Over</th> <th style="width:25%;">Temp. (deg. F)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>60</td> <td></td> </tr> <tr> <td></td> <td>10</td> <td>70</td> <td></td> </tr> <tr> <td></td> <td>20</td> <td>80</td> <td></td> </tr> <tr> <td></td> <td>30</td> <td>90</td> <td></td> </tr> <tr> <td></td> <td>40</td> <td>95</td> <td></td> </tr> <tr> <td></td> <td>50</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	
% Over Initial Boiling Temp.	Temp. (deg. F)	% Over	Temp. (deg. F)																												
		60																													
	10	70																													
	20	80																													
	30	90																													
	40	95																													
	50	End Point																													

<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 style="text-align: right;"><u>Shawna C. Yezak</u> NAME (Type or Print)</p> <p style="text-align: right;">SIGNATURE</p> <p style="text-align: right;"><u>Regulatory Tech</u> TITLE</p> <p style="text-align: right;"><u>Shawna C. Yezak</u> (713) 296-3305 CONTACT PERSON PHONE NUMBER</p>	<p>RRC USE ONLY</p>
DATE <u>03/24/08</u>	

**CERTIFICATE OF COMPLIANCE
 AND TRANSPORTATION AUTHORITY**

P-4

5/02
 EAG0502

READ INSTRUCTIONS ON BACK

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: operator oil or condensate gatherer gas gatherer gas purchaser gas purchaser system code
 field name from: **BIG LAKE (Strawn)**
 lease name from: _____

OR

b. New RRC Number for: oil lease gas well other well (specify) _____ Due to: new completion or recompletion reclass oil to gas reclass gas to oil
 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	Signature
Name (print)	<input type="checkbox"/> Authorized Employee of previous operator <input type="checkbox"/> Authorized agent of previous operator (see instruction G)
Title	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.

Name (print) Shawna C. Yezak	Signature
Title REGULATORY COMPLIANCE TECH	<input checked="" type="checkbox"/> Authorized Employee of current operator <input type="checkbox"/> Authorized agent of current operator (see instruction G)
E-mail Address (optional)	Date 03/24/08 Phone with area code 713-296-3305