

RAILROAD COMMISSION OF TEXAS

Type or print only
 483-047

Oil & Gas Division

WL: 3875

API No. 42-413 32475

Gas Well Back Pressure Test,
 Completion or Completion Report, and Log

7. RRC District No.
 7C
 8. RRC Gas ID No.

1. FIELD NAME (as per RRC Records or Wildcat) University 54 (Canyon)		2. LEASE NAME University "53-19"		9. Well No. I	
3. OPERATOR'S NAME (Exactly as shown on Form P-5, Organization Report) WTG Exploration			RRC Operator No. 945220		10. County of well site Schleicher
4. ADDRESS 401 W. Wadley, Midland, TX 79705					
5. Location (Section, Block, and Survey) Sec 19, Blk 53, ULS			5b. Distance and direction to nearest town in this county. 22 miles NW from Eldorado		
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		11. Purpose of filing Initial Potential <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Reclass <input type="checkbox"/> Well record only <input type="checkbox"/> (Explain in remarks)	
13. Pipe Line Connection Davis Gas Processing		12. If workover or reclass, give former field (with reservoir) & Gas ID or oil lease no. GAS ID or OIL LEASE #		12. If workover or reclass, give former field (with reservoir) & Gas ID or oil lease no. Oil-O Gas-G	
14. Completion or recompletion date 1-23-08		15. Any condensate on hand at time of workover or recompletion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. Type of Electric or other Log Run. GR	

Section I											GAS MEASUREMENT DATA	
Date of Test		Gas Measurement Method (Check One)									Gas produced during test	
7-15-08		Orifice Meter <input type="checkbox"/>	Flange Taps <input type="checkbox"/>	Pipe Taps <input type="checkbox"/>	Positive Choke <input type="checkbox"/>	Orifice Vent Meter <input type="checkbox"/>	Pilot Tube <input type="checkbox"/>	Critical-flow Prover <input type="checkbox"/>			1170	MCF
Run No.	Line Size	Orif. or Choke Size	24 fir. Coeff. Orif. or Choke	Static P. or Choke Press	Diff. hw	Flow Temp. OF	Temp. Factor P _f	Gravity Factor F _g	Compress Factor F _{pv}	Volume MCF/DAY		
1	2"	14/64"	10,150	130	1-100	110	0.9997	0.9969	0.9996	390		
2												
3												
4												

Section II											FIELD DATA AND PRESSURE CALCULATIONS	
Gravity (Dry Gas)		Gravity Liquid Hydrocarbon		Gas-Liquid Hydro Ratio		Gravity of Mixture		Avg. Shut-in Temp.		Bottom Hole Temp.		
0.6800		50.5		780,000		G _{mix} : .6920		125 °F		155 °F @ 7100 (Depth)		
Deff 8/3 =		<input checked="" type="checkbox"/> TF =				<input checked="" type="checkbox"/> GL =						
C = $\frac{1118 \times (D \text{ eff})^{8/3}}{T}$		$\frac{GL}{C} =$										
Run No.	Time of Run Min.	Choke Size	Wellhead Press. PSIA	Wellhead Flow Temp. °F	P _w ² (Thousands)	R	R ² (Thousands)	P _i	P _w			
Shut-In 1440		14/64"	1960#									
1	2340	14/64"	1580#									
2												
3												
4												
Run No.	F	K	S $\frac{1}{T}$	E ^{ks}	P _i and P _s	P _{i2} and P _{s2} (thousands)	P _{i2} - P _{s2} (thousands)	Angle of Slope				
Shut-In								O				
1								r				
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.

WTG Exploration

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 therein are true, correct, and complete, to the best of my knowledge.

Signature: Operator's representative

Ann E. Ritchie

Regulatory Agent 7-18-08

Tel: 432-684-6381

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 9-6-07 PERMIT NO. 643396
 Rule 37 CASE NO. _____
 Exception _____
 Water Injection PERMIT NO. _____
 Permit _____

19. Notice of Intention to Drill this well was filed In Name of
WTG Exploration

20. Number of producing wells on this lease In this field (reservoir) including this well **1**
 21. Total number of acres In this lease **165.88 acres**

22. Date Plug Back; Deepening. WorkOver or Drilling Operations: Commenced **11-5-07** Completed **11-24-07**
 23. Distance to nearest well. Same Lease & Reservoir **only well**

24. Location of well relative to nearest lease Boundaries of lease on which this well is located **660** Feet From **South** Line and **1996** Feet from **West** Line of the **University "53-19"** Lease

25. Elevation (DF, RKB RT GR ETC.) **2564'**
 26. Was directional survey made other than inclination (Form W-12)? Yes No

27. Top of Pay **7087'** 28. Total Depth **7950'** 29. P. B. Depth **7700'**
 30. Surface Casing Determined by Field Recommendation of T.D.W.R. Railroad Commission (Special)
 Dt. of Letter **9-6-07**

31. Is well multiple completion? **no**
 32. If multiple completion, list all reservoir names (completions in this Well) and Oil Lease or Gas ID No. **FIELD & RESERVOIR**
 33. Intervals Rotary Cable Drilled Tools Tools by: **X**

34. Name of Drilling Contractor **Sand Dollar Drilling**
 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#	1227'		750 sx Cl C	12 1/4"	surface	1188
4 1/2"	11.6#	7955'		920 sx Cl H	7 7/8"	2056'-calc	1344

37. LINER RECORD

Size	TOP	Bottom	Sacks Cement	Screen

38. TUBING RECORD

Size	Depth Set	Packer set
2 3/8"	7073'	

39. Producing Interval (this completion) Indicate depth of perforation or open hole
 From **7087'** To **7197'**

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

Depth Interval	Amount and Kind of Material Used
7087-7197'	1000 gals 7.5% HCL; 37500 gal frac w/30/70 and 20/40 sand
7820-7875' w/CIBP @ 7700'	

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

Formations	Depth	Formations	Depth
San Andres	1116'		
Dean	5157'		
Canyon	6907'		

REMARKS **Well put to pipeline.**

**CERTIFICATE OF COMPLIANCE
 AND TRANSPORTATION AUTHORITY**

P-4

5/02

READ INSTRUCTIONS ON BACK

1. Field name exactly as shown on proration schedule University 54 (Canyon)		2. Lease name as shown on proration schedule University "53-19"				
3. Current operator name exactly as shown on P-5 Organization Report WTG Exploration		4. Operator P-5 no. 945220	5. Oil Lse/Gas ID no.	6. County Schleicher	7. RRC district 7C	
8. Operator address including city, state, and zip code 401 W. Wadley Ave., Midland, TX 79705		9. Well no(s) (see instruction E) 1				
		10. Classification <input type="checkbox"/> oil <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Other (see instruction A)			11. Effective Date 7-15-08	

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: _____
 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 Gas Processing, Inc.	0012	100%	

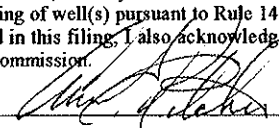
14. Authorized OIL or CONDENSATE Gatherer(s). (See instruction O).

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	
Plains Marketing, LP	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 Ann E. Ritchie	Signature 
Title Regulatory Agent	<input type="checkbox"/> Authorized Employee of current operator <input checked="" type="checkbox"/> Authorized agent of current operator (see instruction G)
E-mail Address (optional) ann.ritchie@wtor.net	Date 7-18-08 Phone with area code 432 684-6381/682-1458-fax

RAILROAD COMMISSION OF TEXAS

Oil and Gas Division

READ INSTRUCTIONS ON BACK

GAS WELL

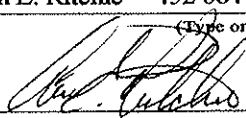
CLASSIFICATION REPORT

Form G-5

Rev. 01/01/86

1. OPERATOR NAME (Exactly as shown on Form P-5 Organization Report) WTG Exploration		3. RRC DISTRICT NO. 7C	4. OIL LEASE NO. OR GAS WELL ID NO.
2. MAILING ADDRESS 401 West Wadley Ave., Midland, TX 79705-5339		5. WELL NO. 1	6. API NO. 42 413 32475
8. FIELD NAME (as per RRC Records) University 54 (Canyon)		9. LEASE NAME University "53-19"	
10. LOCATION (Section, Block and Survey) Sec 19, Blk 53, University Lands		11. PIPELINE CONNECTION OR USE OF GAS Davis Gas Processing, Inc.	
7. COUNTY OF WELL SITE Schleicher			

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.	
A. Date of Test <u>7-15-08</u>		Date Liquid Sample Obtained _____	
B. Gas Volume <u>390</u> (McF)		Where Obtained: <input type="checkbox"/> Separator <input type="checkbox"/> Stock Tank	
C. Oil or Condensate Volume <u>0.5</u> (Bbl)		% Over Temp. (deg. F) % Over Temp. (deg. F)	
D. Water Volume <u>10</u> (Bbl)		Initial Boiling Temp. _____ 60 _____	
E. Gas/Liquid Hydrocarbon Ratio <u>780,000</u> (Cf/Bbl)		10 _____ 70 _____	
F. Flowing Tubing Pressure <u>1580#</u> (psia)		20 _____ 80 _____	
G. Choke Size <u>14/64"</u> (in.)		30 _____ 90 _____	
H. Casing Pressure <u>1760</u> (psia)		40 _____ 95 _____	
I. Shut-in Wellhead Pressure- Tubing <u>1960#</u> (psia)		50 _____ End Point _____	
J. Separator Operating Pressure <u>130</u> (psia)		Total Recovery _____ percent	
K. Color of Stock Tank Liquid <u>light amber</u>		Residue _____ percent	
L. Gravity of Separator Liquid <u>50.5</u> °API		Loss _____ percent	
M. Gravity of Stock Tank Liquid _____ °API			
N. Specific Gravity of the Gas (Air 1) <u>0.6800</u>			

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.	Ann E. Ritchie 432 684-6381		RRC USE ONLY
	NAME	(Type or Print)	
			
	SIGNATURE		
<u>7-18-08</u>	Regulatory Agent		
DATE	Title		
	CONTACT PERSON		
	David L. Davis		
	PHONE NUMBER		
	(432) 682-4030		

OPERATOR NAME AND ADDRESS, including city, state and zip

WTG Exploration
401 W. Wadley Ave.
Midland, TX 79705

GAS WELL STATUS REPORT

RAILROAD COMMISSION OF TEXAS
Oil and Gas Division
P O Box 12967
Austin, Texas 78711-2967

Page 1 of 1

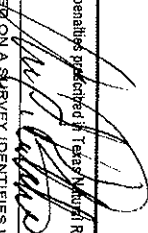
Reason for Filing	
<input type="checkbox"/> Survey	<input type="checkbox"/> Retest
<input checked="" type="checkbox"/> Initial Test Correction	<input type="checkbox"/>

Operator P-5 Organization No.	RRC Dist. No.
945220	7C
Test Period:	Effective Date
Due Date:	

G-10
rev. 7/95

FIELD NAME * LEASE NAME	RRC IDENT NO.	DATE TESTED MO/DAY/YR	MARK X FOR SHUT-IN WELL	GAS PRODUCED MCF/DAY **	GAS SPEC. GRAVITY	CONDENSATE PRODUCED GRAVITY (API)	WATER PROD BBL/DAY	X BOTTOMHOLE PRESSURE PSIA	**SIWH PRESSURE PSIA ***FLOWING PRESSURE PSIA
University 54 (Canyon) University "53-19"	1	7-15-08		390 MCF	0.6800	0.5 BBL	10.0 BBL		1960# 1580#
				MCF		BBL	BBL		
				MCF		BBL	BBL		
				MCF		BBL	BBL		
				MCF		BBL	BBL		
				MCF		BBL	BBL		
				MCF		BBL	BBL		
				MCF		BBL	BBL		
				MCF		BBL	BBL		
				MCF		BBL	BBL		

CERTIFICATION: I declare under penalties prescribed by Texas Natural Resources Code, Sec. 81.143, 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:  _____

The Regulatory Agent

Phone: 432 684-6381 Date: 7-18-08

**** GAS PRODUCTION RATE, IN MCF, IS TO BE REPORTED FULL-WELL STREAM, INCLUDING CONDENSATE PRESSURE FOR THE TEXAS HUGOTON FIELD IS REPORTED IN PSIG**