

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 SHERIDAN PRODUCTION COMPANY, LLC				2. RRC OPERATOR NO. 775854																																																			
3. ADDRESS 200 N. LORAIN STE. 530 MIDLAND, TX 79701				4. RRC DISTRICT NO. 08																																																			
6. FIELD NAME (Exactly as shown on proration schedule) CAPRITO (DELAWARE MIDDLE)				7. FIELD NO.		5. COUNTY WARD																																																	
9. LEASE NAME UNIVERSITY 17-6				10a. OIL LEASE NO. 42467		8. API NO. 42-475-35814																																																	
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 type="checkbox"/> Five-Year Test Required By Rule <input type="checkbox"/> Other (Specify) _____ UL REQUEST				13. DATE OF TEST 03/04/2017		14. RETEST? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, see Instruction No. 5																																																	
15. WELL COMPLETION <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"></td> <td style="width:20%; text-align: center;">size</td> <td style="width:20%; text-align: center;">depth set</td> </tr> <tr> <td>Surface Casing</td> <td style="text-align: center;">9-5/8</td> <td style="text-align: center;">1349</td> </tr> <tr> <td>Long String Casing</td> <td style="text-align: center;">7</td> <td style="text-align: center;">5785</td> </tr> <tr> <td>Tubing</td> <td style="text-align: center;">3-1/2</td> <td style="text-align: center;">4986</td> </tr> </table>					size	depth set	Surface Casing	9-5/8	1349	Long String Casing	7	5785	Tubing	3-1/2	4986	16a. PACKER MAKE AND MODEL ARROW SET		16b. DEPTH SET 4986																																					
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Tubing	3-1/2	4986																																																					
17. AUTHORIZED INJECTION PRESSURE (PSIG): 2500																																																							
18a. PERMITTED INJECTION INTERVAL Top 5000 Bottom 5800				18b. COMPLETED INJECTION INTERVAL Top 5036 Bottom 5616																																																			
19. TEST PRESSURE (PSIG) [see Instructions 4(c) and 4(d)] <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">TIME</th> <th style="width:15%;">TUBING</th> <th style="width:15%;">CASING</th> <th style="width:15%;">SURFACE CSG.</th> <th style="width:10%;">TIME</th> <th style="width:15%;">TUBING</th> <th style="width:15%;">CASING</th> <th style="width:15%;">SURFACE CSG.</th> </tr> <tr> <td>Initial</td> <td>870</td> <td>670</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>15 min.</td> <td>870</td> <td>670</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>30 min.</td> <td>870</td> <td>670</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>								TIME	TUBING	CASING	SURFACE CSG.	TIME	TUBING	CASING	SURFACE CSG.	Initial	870	670	0					15 min.	870	670	0					30 min.	870	670	0																				
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30 min.	870	670	0																																																				
20. CHARACTERISTICS OF INJECTION FLUID [see Instruction 4(e)] PRODUCED WATER				21. CHARACTERISTICS OF ANNULUS FLUID [see Instructions 4(e) and 4(f)] PACKER FLUID																																																			
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)																																																							
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.																																																							
SYLVIA SHOEMAKER Name of Person (type or print)				Signature REGULATORY ANALYST Title																																																			
Telephone No. (432) 683-5271				Date 03/06/2017																																																			

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