

06/03/85

RAILROAD COMMISSION OF TEXAS

Oil and Gas Division

Disposal/Injection Well

Pressure Test Report

UIC CONTROL NO.

Type

FOR RRC USE ONLY

READ INSTRUCTIONS ON BACK

PLEASE TYPE OR PRINT

1. OPERATOR'S NAME <u>Felix Water, LLC</u>				2. RRC OPERATOR NO. <u>265326</u>			
3. ADDRESS <u>1530 16th St., Suite 500</u> <u>Denver, CO 80202</u>				4. RRC DISTRICT NO. <u>08</u>			
5. COUNTY <u>Ward</u>							
6. FIELD NAME (Exactly as shown on proration schedule) <u>Caprito (Delaware Middle)</u>			7. FIELD NO. <u>15499380</u>		8. API NO. <u>42-475-36999</u>		
9. LEASE NAME <u>University 40-16</u>			10a. OIL LEASE NO.		10b. GAS ID NO.		11. WELL NO. <u>1</u>
12. REASON FOR TEST			13. DATE OF TEST <u>3/9/18</u>		14. RETEST? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, see Instruction No. 5		
<input type="checkbox"/> Initial Test Prior to Injection <input type="checkbox"/> After Workover <input checked="" type="checkbox"/> Annual Test Required By Permit <input type="checkbox"/> Five-Year Test Required By Rule <input type="checkbox"/> Other (Specify) _____			15. WELL COMPLETION		size depth set Surface Casing <u>13 3/8"</u> <u>1440'</u> Long String Casing <u>7"</u> <u>11039'</u> Tubing <u>4 1/2"</u> <u>5043'</u>		
			16a. PACKER MAKE AND MODEL <u>AS1-X</u>		16b. DEPTH SET <u>5043'</u>		
			17. AUTHORIZED INJECTION PRESSURE (PSIG): <u>2525</u>				
18a. PERMITTED INJECTION INTERVAL Top <u>5070'</u> Bottom <u>6620'</u>				18b. COMPLETED INJECTION INTERVAL Top <u>5084'</u> Bottom <u>6588'</u>			
19. TEST PRESSURE (PSIG) [see Instructions 4(c) and 4(d)]							
TIME	TUBING	CASING	SURFACE CSG.	TIME	TUBING	CASING	SURFACE CSG.
Initial	<u>0</u>	<u>500</u>	<u>0</u>				
15 min.	<u>0</u>	<u>500</u>	<u>0</u>				
30 min.	<u>0</u>	<u>500</u>	<u>0</u>				
20. CHARACTERISTICS OF INJECTION FLUID [see Instruction 4(e)] <u>Produced Water</u>				21. CHARACTERISTICS OF ANNULUS FLUID [see Instructions 4 (e) and 4(f)] <u>Fresh Water & Packer Fluid</u>			
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) <u>UIC #: 000114450</u> <u>Barton Chart Recorder, 60 min. Rotation, 1000 # Chart, 1000 # Spring</u> <u>Tester J4 15K Test Trailer Certified 3/8/18</u>							
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.							
				Signature <u>Matt Peterson</u> Name of Person (type or print) Operations Manager Telephone No. <u>(720) 974-2085</u> Date <u>3/26/18</u>			

CHARTS Ltd.

GAS MEASUREMENT

CALIBRATION CERTIFICATE

Cert Date: 3/8/2018
Due Date: 3/8/2019

Customer: J4 OILFEILD
Model: CLP12"
Serial: 120276802001

This is to certify that this instrument has been inspected and tested against ADDITEL Digital Gauge ADT680-GP3K, S#21816110004 Calibrated (2-22-17). Reference Standard#1244 Certified-- with Piston Gauge PG7202 Traceability#1500155509 to NIST. Calibrated in accordance with ISO Quality Standards

This instrument is certified to be accurate within +/- 1% of Full Scale

Input Type/ Range: 1000#		Color: RED	
Pen Number: 2			
<u>Descending</u>			
Applied:	Reading:	Applied:	Reading:
0	0	1008	1000
200	200	805	800
503	500	501	500
806	800	201	200
1008	1000	0	0

Input Type/ Range:		Color:	
Pen Number:			
<u>Ascending</u>		<u>Descending</u>	
Applied;	Reading:	Applied:	Reading:

Input Type/ Range: Pen Number:			
Ascending:		Descending	
	Reading:	Applied:	Reading:

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Technician:

Luanna Hope

