

06/03/85

## 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 <b>Felix Water LLC</b>				2. RRC OPERATOR NO. <b>265326</b>																																																			
3. ADDRESS <b>1530 16<sup>th</sup> St., Suite 500 Denver, CO 80202</b>				4. RRC DISTRICT NO. <b>08</b>																																																			
				5. COUNTY <b>Ward</b>																																																			
6. FIELD NAME (Exactly as shown on proration schedule) <b>Caprito (Delaware Middle)</b>			7. FIELD NO. <b>15499380</b>		8. API NO. <b>42-475-36999</b>																																																		
9. LEASE NAME <b>University 40-16</b>			10a. OIL LEASE NO.		10b. GAS ID NO.		11. WELL NO. <b>1</b>																																																
12. REASON FOR TEST <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) _____			13. DATE OF TEST <b>5/11/18</b>		14. RETEST? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, see Instruction No. 5																																																		
			15. WELL COMPLETION Surface Casing <b>13 3/8"</b> depth set <b>1440'</b> Long String Casing <b>7"</b> <b>11039'</b> Tubing <b>4 1/2"</b> <b>5043'</b>																																																				
					16a. PACKER MAKE AND MODEL <b>AS1-X Packer</b>																																																		
					16b. DEPTH SET <b>5043'</b>																																																		
			17. AUTHORIZED INJECTION PRESSURE (PSIG): <b>2525</b>																																																				
18a. PERMITTED INJECTION INTERVAL Top <b>5070'</b> Bottom <b>6620'</b>				18b. COMPLETED INJECTION INTERVAL Top <b>5084'</b> Bottom <b>6588'</b>																																																			
19. TEST PRESSURE (PSIG) [see Instructions 4(c) and 4(d)] <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>TUBING</th> <th>CASING</th> <th>SURFACE CSG.</th> <th></th> <th>TUBING</th> <th>CASING</th> <th>SURFACE CSG.</th> </tr> </thead> <tbody> <tr> <td>Initial</td> <td><b>800</b></td> <td><b>595</b></td> <td><b>0</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>15 min.</td> <td><b>800</b></td> <td><b>595</b></td> <td><b>0</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>30 min.</td> <td><b>800</b></td> <td><b>595</b></td> <td><b>0</b></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> </tbody> </table>									TUBING	CASING	SURFACE CSG.		TUBING	CASING	SURFACE CSG.	Initial	<b>800</b>	<b>595</b>	<b>0</b>					15 min.	<b>800</b>	<b>595</b>	<b>0</b>					30 min.	<b>800</b>	<b>595</b>	<b>0</b>																				
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20. CHARACTERISTICS OF INJECTION FLUID [see Instruction 4(e)] <b>Produced Water</b>				21. CHARACTERISTICS OF ANNULUS FLUID [see Instructions 4 (e) and 4(f)] <b>Fresh Water &amp; Packer Fluid</b>																																																			
22. TEST WITNESSED BY RRC? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If NO, see Instruction 4(a) <b>RRC Job # 130688</b> 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) <b>Previous test on 3/9/18: no remedial action taken, temperature change of fluids caused slight drop in pressure on previous test. Allowed well to stabilize prior to retest.</b>																																																							
25. WELL STATUS: <input checked="" type="checkbox"/> Active <input type="checkbox"/> Temporarily Abandoned <input type="checkbox"/> Other (Specify) _____																																																							
<p>CERTIFICATE:</p> <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 herein are true, correct, and complete, to the best of my knowledge.</p> <div style="text-align: right;">   Signature  <b>Matt Peterson</b>  Name of Person (type or print)  <b>Operations Manager</b>  Title  Telephone No. <b>(720) 974-2085</b> Date <b>5/17/18</b> </div>																																																							

# 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:			
<u>Ascending:</u>		<u>Descending</u>	
	Reading:	Applied:	Reading:

2031 TRADE DR.  
MIDLAND, TX 79706  
(432) 697-7801 (432) 520-3564

Technician:

*Swanna Hope*



