

RAILROAD COMMISSION OF TEXAS

Oil and Gas Division

Disposal/Injection Well

Pressure Test Report

READ INSTRUCTIONS ON BACK

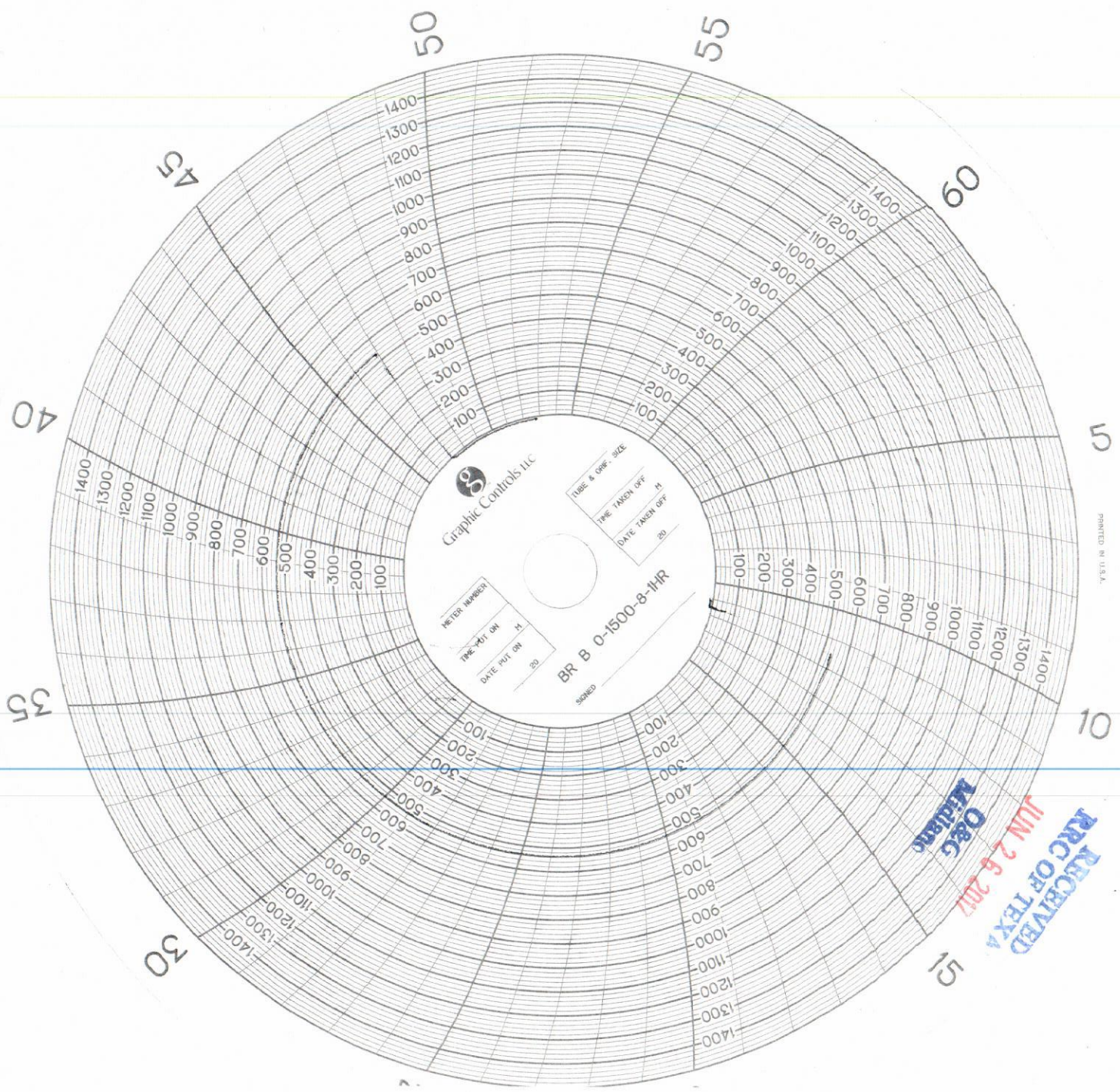
PLEASE TYPE OR PRINT

UIC CONTROL NO.

Type

FOR RRC USE ONLY

1. OPERATOR'S NAME GREAT WESTERN DRILLING COMPANY				2. RRC OPERATOR NO. 328780			
3. ADDRESS P.O. BOX 1659 MIDLAND, TX 79702				4. RRC DISTRICT NO. 8			
6. FIELD NAME (Exactly as shown on proration schedule) WINK, S. (MONTROYA-ELLENBURGER)				7. FIELD NO. 98028750		8. API NO. 42-495-02608	
9. LEASE NAME UNIVERSITY 21-38				10a. OIL LEASE NO. 054294		10b. GAS ID NO.	
12. REASON FOR TEST				13. DATE OF TEST 06/15/2017		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 checked="" 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) _____				15. WELL COMPLETION		size 13 3/8 depth set 4,952 Surface Casing 5 1/2 Long String Casing 2 7/8 Tubing 4,629	
16a. PACKER MAKE AND MODEL BAKER LOC-SET				16b. DEPTH SET 5,750			
17. AUTHORIZED INJECTION PRESSURE (PSIG):				1500			
18a. PERMITTED INJECTION INTERVAL Top 4,797 Bottom 5,090				18b. COMPLETED INJECTION INTERVAL Top 4,797 Bottom 5,090			
19. TEST PRESSURE (PSIG) [see Instructions 4(c) and 4(d)]							
TIME	TUBING	CASING	SURFACE CSG.	TIME	TUBING	CASING	SURFACE CSG.
Initial	0	530	0				
15 min.	0	530	0				
30 min.	0	530	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.							
Signature GINA KING				Title PRODUCTION TECH			
Name of Person (type or print)				Date 06/26/2017			
Telephone No. (432) 682-5241							



Graphic Controls LLC

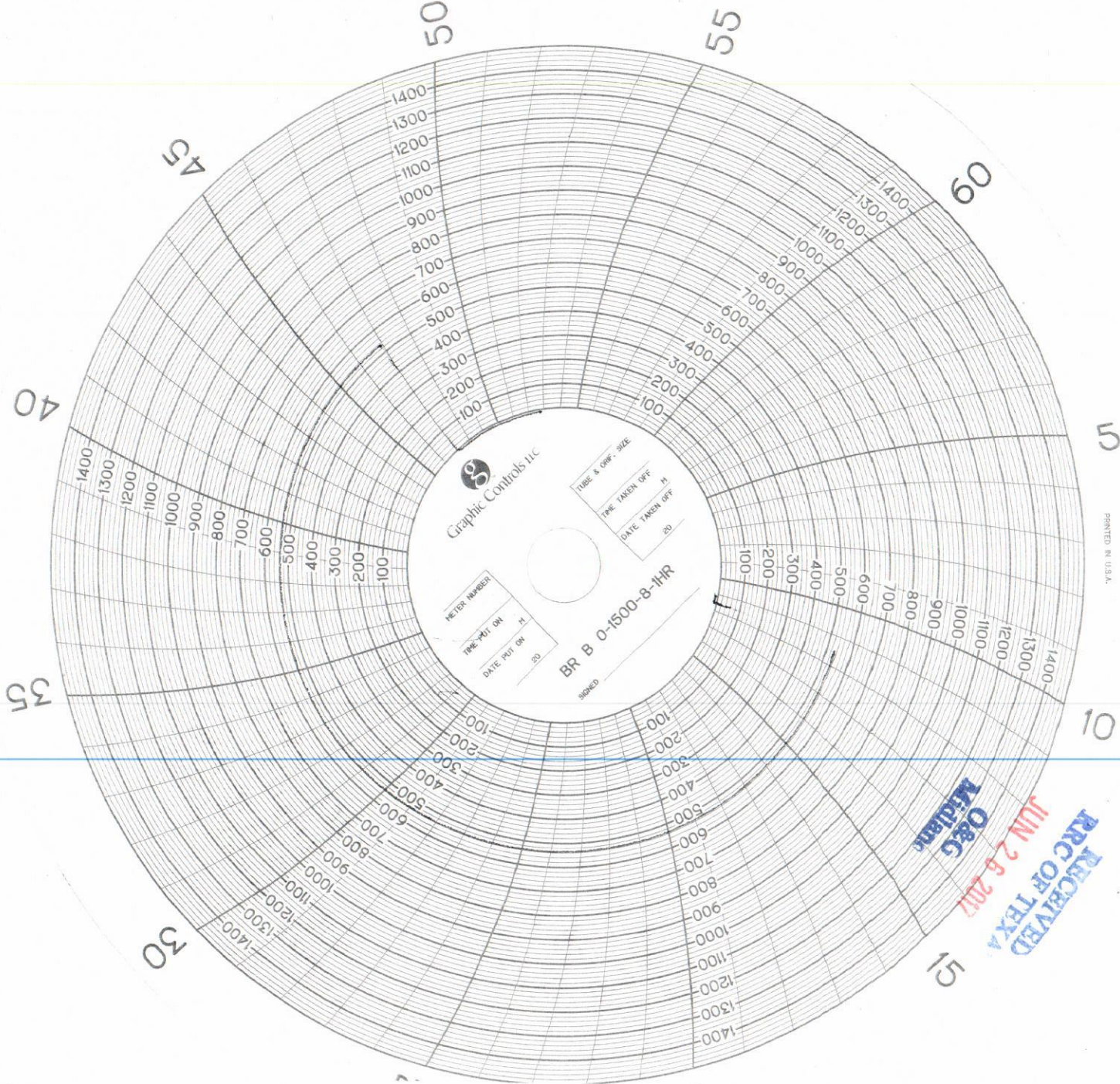
METER NUMBER
TIME PUT ON
DATE PUT ON

TYPE & ORF. SIZE
TIME TAKEN OFF
DATE TAKEN OFF

BR B 0-1500-8-1/4"

SIGNED

RECEIVED
MRC OF TEXAS
JUN 28 2017
O&G
Midland



RECEIVED
RRC OF TEXA
JUN 26 2012
O&G
Midland