

API No.: 42-		7. RRC District No.															
GAS WELL BACK PRESSURE TEST, COMPLETION OR RECOMPLETION REPORT, AND LOG																	
1. Field Name (as per RRC Records or Wildcat)		2. Lease Name															
3. Operator's Name (exactly as shown on Form P-5, Organization Report)		RRC Operator No.															
4. Operator's Address (include street, city, state, zip code)		11. Purpose of filing															
5a. Location (section, block and survey)		A. Producers <input type="checkbox"/> Initial potential <input type="checkbox"/> Retest <input type="checkbox"/> Reclass <input type="checkbox"/> Well record only (explain in remarks)															
5b. This well is located _____ miles in a _____ direction from _____, which is the nearest town in the county.																	
6. Well Latitude/Longitude (minimum five decimal places required):		B. Injection/Disposal/Storage/Brine Mining <input type="checkbox"/> Initial completion <input type="checkbox"/> Reclass <input type="checkbox"/> Well record only (explain in remarks)															
Latitude/Longitude type:																	
12a. Spud date	13. If recompletion or reclass, give former field (with reservoir) & Gas ID or Oil Lease No. If multiple completion, list all reservoir names (completions in this well) and Gas ID or Oil Lease No.																
12b. Date of first production after rig released	<input type="checkbox"/> Recompletion or reclass <input type="checkbox"/> Multiple completion <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">Field & Reservoir</th> <th style="width:15%;">Gas ID or Oil Lease No.</th> <th style="width:15%;">Well No.</th> <th style="width:37%;">Prior Service Type (oil, gas, injection/disposal, other)</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>		Field & Reservoir	Gas ID or Oil Lease No.	Well No.	Prior Service Type (oil, gas, injection/disposal, other)											
Field & Reservoir	Gas ID or Oil Lease No.	Well No.	Prior Service Type (oil, gas, injection/disposal, other)														
14. Type(s) of electric or other log(s) run																	

GAS MEASUREMENT DATA										
15. Date of test		16. Gas measurement method (check all that apply)								17. Gas production during test
		<input type="checkbox"/> Orifice meter <input type="checkbox"/> Flange taps <input type="checkbox"/> Positive choke <input type="checkbox"/> Pitot tube <input type="checkbox"/> Other <input type="checkbox"/> Mass flow meter <input type="checkbox"/> Pipe taps <input type="checkbox"/> Orifice vent meter <input type="checkbox"/> Critical flow prover (explain in remarks)								MCF
Run No.	Line Size	Orif. or Choke Size (in.)	24 hr. Coeff. Orif. or Choke (in.)	Static P _m or Choke (in.)	Diff. (h _w)	Flow Temp. (°F)	Temp. (F _{it})	Gravity (F _g)	Compress (F _{pv})	Volume (MCF/day)
1										
2										
3										
4										
Was the well preflowed for 48 hours?		<input type="checkbox"/> YES <input type="checkbox"/> NO								

FIELD DATA AND PRESSURE CALCULATIONS									
18. Gravity (dry gas)		19. Gravity (liquid hydrocarbon)		20. Gas-Liquid Hydro Ratio		21. Gravity (mixture)		22. Avg. shut-in temp.	23. Bottom hole temp.
		Deg. API		CF/Bbl		G _{mix} =		°F	°F@ (Depth)
Run No.	Time of Run (Min.)	Choke Size (in.)	Wellhead Press. P _w (PSIA)	Wellhead Flow Temp. (°F)	Run No.	Time of Run (Min.)	Choke Size (in.)	Wellhead Press. P _w (PSIA)	Wellhead Flow Temp. (°F)
Shut-In					3				
1					4				
2					5				

DATA ON WELL COMPLETION			
24. Type of completion		25. Permit to Drill, Plug Back, or Deepen	
<input type="checkbox"/> New well <input type="checkbox"/> Deepening <input type="checkbox"/> Side track <input type="checkbox"/> Other <input type="checkbox"/> Re-entry <input type="checkbox"/> Plug back <input type="checkbox"/> Recompletion (explain in remarks)		DATE PERMIT NO.	
26. Number of producing wells on this lease in this field (reservoir) including this well		Rule 37 Exception	
		DATE CASE NO.	
27. Total number of acres in lease		Fluid Injection Permit	
		DATE PERMIT NO.	
28. Date of plug back, deepening, recompletion, or drilling operations		O&G Waste Disposal Permit	
Commenced Ended		DATE PERMIT NO.	
29. Distance to nearest well in this lease & reservoir		Other (explain)	
		DATE PERMIT NO.	
30. Elevation (DF, RKB, RT, GR, etc.)		31. Was directional survey made other than inclination (Form W-12)?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

32. Total Depth (ft.)		33. Plug Back Depth (ft.)		34. For new drill or re-entry, surface casing depth determined by:	
TVD	MD	TVD	MD		
35. Rotation time within surface casing (hours)		36. Is Cementing Affidavit (Form W-15) attached?		<input type="checkbox"/> GAU Groundwater Protection Determination Depth: _____ Date: _____	
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> SWR 13 Exception Depth: _____	

Form G-1

API No.: 42-

37. CASING RECORD											
Row	Type of Casing (conductor, surface, intermediate, conventional production, tapered production or other)	Casing Size (in.)	Hole Size (in.)	Setting Depth (ft.)	Multi-Stage Tool Depth (ft.)	Multi-Stage Shoe Depth (ft.)	Cement Class	Cement Amount (sacks)	Slurry Volume (cu. ft.)	Top of Cement	Top of Cement Determined By
1											
2											
3											
4											

38. LINER RECORD									
Row	Liner Size (in.)	Hole Size (in.)	Liner Top (ft.)	Liner Bottom (ft.)	Cement Class	Cement Amount (sacks)	Slurry Volume (cu. ft.)	Top of Cement	Top of Cement Determined by
1									
2									

39. TUBING RECORD				40. PRODUCING/INJECTION/DISPOSAL INTERVAL			
Does this well currently have tubing set? <input type="checkbox"/> YES <input type="checkbox"/> NO				Indicate top and bottom measured depths of completion interval(s) or open hole			
Size (in.)	Depth Set (ft.)	Packer Depth/Type		From	To		
				From	To		
				From	To		
				From	To		
				From	To		

ACID, FRACTURE, CEMENT SQUEEZE, CAST IRON BRIDGE PLUG, RETAINER, ETC.				
41. Was hydraulic fracturing treatment performed? <input type="checkbox"/> YES <input type="checkbox"/> NO	42. Is well equipped with a downhole actuation sleeve? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide actuation pressure (PSIG)	43. Production casing test pressure (PSIG) prior to hydraulic fracturing treatment	44. Actual maximum pressure (PSIG) during hydraulic fracturing	45. Has the hydraulic fracturing fluid disclosure been reported to FracFocus disclosure registry (SWR 29)? <input type="checkbox"/> YES <input type="checkbox"/> NO
Type of Operation (indicate acid, fracture, cement squeeze, cast iron bridge plug, retainer, etc.)		Amount and Kind of Material Used		Depth Interval (ft.)
				From To
				From To
				From To

46. FORMATION RECORD				
(list depths of principal geological markers and formation tops, including, but not limited to, all permitted disposal/injection formations within 1/4-mile of the wellbore, productive zones, potential flow zones, and corrosive formation fluid zones)				
Principal Geological Markers and Formation Tops	Depth (ft.)		Indicate if formation is a permitted disposal/injection formation, productive zone, potential flow zone, and/or a zone with corrosive formation fluids	Is formation isolated in this well? (YES/NO) (if NO, explain in remarks)
	TVD	MD		

47. Do the producing intervals of this well produce H ₂ S with a concentration in excess of 100 ppm (SWR 36)? <input type="checkbox"/> YES <input type="checkbox"/> NO	48. Is the completion being down-hole commingled (SWR 10)? <input type="checkbox"/> YES <input type="checkbox"/> NO
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REMARKS:

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

Signature: Operator's representative _____ Title _____ Tel: _____ Area Code _____ Number _____

Printed Name _____ Date _____ Email (include email address *only* if you affirmatively consent to its public release) _____