Type or Print Only
(Online filing availabe at http://www.rrc.state.tx.us)

RAILROAD COMMISSION OF TEXAS
Oil and Gas Division

Form W-2
Rev. 01/2014

API No.: **42-**

7. RRC District No.

8. RRC Lease No.

OIL WELL POTENTIAL TEST, COMPLETION OR RECOMPLETION REPORT, AND LOG

1. Field Name (as per RRC Records or Wildcat)

2. Lease Name

9. Well No.

3. Operator's Name (exactly as shown on Form P-5, Organization Report)

RRC Operator No.

10. County

4. Operator's Address (include street, city, state, zip code)

11. Purpose of filing

A. Producers
- ☐ Initial potential
- ☐ Retest
- ☐ Reclass
- ☐ Well record only (explain in remarks)

5a. Location (section, block and survey)

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):

Latitude/Longitude type:

12a. Spud date

12b. Date of first production after rig released

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.

☐ Recompletion or reclass ☐ Multiple completion

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

B. Injection/Disposal/ Storage/Brine Mining
- ☐ Initial completion
- ☐ Reclass
- ☐ Well record only (explain in remarks)

INITIAL POTENTIAL TEST DATA FOR NEW COMPLETION OR RECOMPLETION (leave blank if filed for another purpose)

IMPORTANT: Test should be for 24 hours unless otherwise specified in field rules

15. Date of test	16. No. of hours tested	17. Production method (flowing, gas lift, jetting, pumping - size & type of pump)	18. Choke size

19. Production during test period:	Oil (BBLS)	Gas (MCF)	Water (BBLS)	Gas - Oil Ratio	Flowing Tubing Pressure (PSIG)
20. Calculated 24-Hour Rate:	Oil (BBLS)	Gas (MCF)	Water (BBLS)	Oil Gravity - API - 60°	Casing Pressure (PSIG)

21. Was swab used during this test? ☐ **YES** ☐ **NO**

22. Oil produced prior to test (new & recompleted wells):

DATA ON WELL COMPLETION

23. Type of completion
- ☐ New well ☐ Deepening ☐ Side track ☐ Other
- ☐ Re-entry ☐ Plug back ☐ Recompletion (explain in remarks)

24. Permit to Drill, Plug Back, or Deepen — DATE — PERMIT NO.

Rule 37 Exception — DATE — CASE NO.

25. Number of producing wells on this lease in this field (reservoir) including this well

26. Total number of acres in lease

Fluid Injection Permit — DATE — PERMIT NO. F -

O&G Waste Disposal Permit — DATE — PERMIT NO.

27. Date of plug back, deepening, recompletion, or drilling operations — Commenced — Ended

28. Distance to nearest well in this lease & reservoir

Other (explain) — DATE — PERMIT NO.

29. Elevation (DF, RKB, RT, GR, etc.)

30. Was directional survey made other than inclination (Form W-12)? ☐ **YES** ☐ **NO**

31. Total Depth (ft.)		32. Plug Back Depth (ft.)	
TVD	MD	TVD	MD

33. For new drill or re-entry, surface casing depth determined by:
- ☐ GAU Groundwater Protection Determination — Depth: _____ Date: _____
- ☐ SWR 13 Exception — Depth: _____

34. Rotation time within surface casing (hours)

35. Is Cementing Affidavit (Form W-15) attached? ☐ **YES** ☐ **NO**

Form W-2

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36. 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											

37. 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									

38. TUBING RECORD

Does this well currently have tubing set? ☐ **YES** ☐ **NO**
☐ **SWR 13 Exception (attach approval)**
(if NO & no SWR 13 Exception obtained, explain in remarks)

Size (in.)	Depth Set (ft.)	Packer Depth/Type

39. PRODUCING/INJECTION/DISPOSAL INTERVAL

Indicate top and bottom measured depths of completion interval(s) or open hole

From	To
From	To
From	To
From	To
From	To

ACID, FRACTURE, CEMENT SQUEEZE, CAST IRON BRIDGE PLUG, RETAINER, ETC.

40. Was hydraulic fracturing treatment performed? ☐ **YES** ☐ **NO**	**41. Is well equipped with a downhole actuation sleeve?** ☐ **YES** ☐ **NO** If yes, provide actuation pressure (PSIG)	**42. Production casing test pressure (PSIG) prior to hydraulic fracturing treatment**	43. Actual maximum pressure (PSIG) during hydraulic fracturing	**44. Has the hydraulic fracturing fluid disclosure been reported to FracFocus disclosure registry (SWR 29)?** ☐ **YES** ☐ **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

45. 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.) TVD	Depth (ft.) MD	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)**

46. Do the producing intervals of this well produce H_2S with a concentration in excess of 100 ppm (SWR 36)? ☐ **YES** ☐ **NO**

47. Is the completion being down-hole commingled (SWR 10)? ☐ **YES** ☐ **NO**

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) _____