

## RECEIVED

## Operator Name

API Number

Operator Name  
Rice Engineering  
Property Name  
E. M. E. SWD

30-025-12801

Well No.

9

|          |         |          |       |  |           |          |           |          |        |
|----------|---------|----------|-------|--|-----------|----------|-----------|----------|--------|
| UL - Lot | Section | Township | Range |  | Feet from | N/S Line | Feet From | E/W Line | County |
| M        | 9       | 20S      | 37E   |  | 100       | 5        | 250       | W        | LA     |

|           |    |         |    |          |     |          |     |         |
|-----------|----|---------|----|----------|-----|----------|-----|---------|
| TA'D WELL |    | SHUT-IN |    | INJECTOR |     | PRODUCER |     | DATE    |
| YES       | NO | YES     | NO | INJ      | SWD | OIL      | GAS | 7/22/15 |

|                      | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing     |
|----------------------|------------|--------------|--------------|-------------|---------------|
| Pressure             | Ø          | N/A          | N/A          | Ø           | -21           |
| Flow Characteristics |            |              |              |             | ✓AC           |
| Puff                 | Y/N        | Y/N          | Y/N          | Y/N         | CO2 —         |
| Steady Flow          | Y/N        | Y/N          | Y/N          | Y/N         | WTR — ✓       |
| Surges               | Y/N        | Y/N          | Y/N          | Y/N         | GAS —         |
| Down to nothing      | Y/N        | Y/N          | Y/N          | Y/N         | Type of Fluid |
| Gas or Oil           | Y/N        | Y/N          | Y/N          | Y/N         | Injected for  |
| Water                | Y/N        | Y/N          | Y/N          | Y/N         | Waterflood if |
|                      |            |              |              |             | applies.      |

Remarks – Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Title:

E-mail Address:

Date: 7/20/15

Phone:

Witness:

OIL CONSERVATION DIVISION

|                    |
|--------------------|
| Entered into RBDMS |
|--------------------|

Re-test

INSTRUCTIONS ON BACK OF THIS FORM

AUG 28 2015