



RAILROAD COMMISSION OF TEXAS

Form W-2

1701 N. Congress  
P.O. Box 12967  
Austin, Texas 78701-2967

Status: Approved  
Date: 08/14/2017  
Tracking No.: 174547

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

OPERATOR INFORMATION

Operator Name: LEGACY RESERVES OPERATING LP Operator No.: 495445  
Operator Address: P O BOX 10848 MIDLAND, TX 79702-0000

WELL INFORMATION

API No.: 42-003-01426 County: ANDREWS  
Well No.: 4 RRC District No.: 08  
Lease Name: UNIVERSITY -C- Field Name: SHAFTER LAKE (CLEAR FORK)  
RRC Lease No.: 48797 Field No.: 82570100  
Location: Section: 25, Block: 13, Survey: ULS, Abstract: U417  
  
Latitude: 32.369351 Longitude: -102.719056  
This well is located 10 miles in a NORTHWEST  
direction from ANDREWS,  
which is the nearest town in the county.

FILING INFORMATION

Purpose of filing: Well Record Only  
Type of completion: Other/Recompletion  
Well Type: Producing Completion or Recompletion Date: 04/29/2017  

Type of Permit	Date	Permit No.
Permit to Drill, Plug Back, or Deepen	02/09/2017	822697
Rule 37 Exception		
Fluid Injection Permit		
O&G Waste Disposal Permit		
Other:		

COMPLETION INFORMATION

Spud date: 01/01/2012	Date of first production after rig released: 04/29/2017
Date plug back, deepening, recompletion, or drilling operation commenced: 03/22/2017	Date plug back, deepening, recompletion, or drilling operation ended: 04/19/2017
Number of producing wells on this lease in this field (reservoir) including this well: 1	Distance to nearest well in lease & reservoir (ft.): 0.0
Total number of acres in lease: 160.00	Elevation (ft.): 3216 GR
Total depth TVD (ft.): 12308	Total depth MD (ft.):
Plug back depth TVD (ft.): 6710	Plug back depth MD (ft.):
Was directional survey made other than inclination (Form W-12)? No	Rotation time within surface casing (hours):
Recompletion or reclass? Yes	Is Cementing Affidavit (Form W-15) attached? No
Type(s) of electric or other log(s) run: None	Multiple completion? No
Electric Log Other Description:	
Location of well, relative to nearest lease boundaries	Off Lease : No
of lease on which this well is located:	1176.0 Feet from the West Line and
	1189.0 Feet from the South Line of the
	UNIVERSITY -C- Lease.

FORMER FIELD (WITH RESERVOIR) & GAS ID OR OIL LEASE NO.

Field & Reservoir	Gas ID or Oil Lease No.	Well No.	Prior Service Type
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W2: N/A

PACKET	SHAFTER LAKE (WOLFCAMP)	19474	4
FOR NEW DRILL OR RE-ENTRY, SURFACE CASING DEPTH DETERMINED BY:			
GAU Groundwater Protection Determination	Depth (ft.):	Date:	
SWR 13 Exception	Depth (ft.):		

INITIAL POTENTIAL TEST DATA FOR NEW COMPLETION OR RECOMPLETION			
Date of test: 05/29/2017		Production method: Pumping	
Number of hours tested: 24		Choke size:	
Was swab used during this test? No		Oil produced prior to test: 277.00	
PRODUCTION DURING TEST PERIOD:			
Oil (BBLs): 20.00		Gas (MCF): 0	
Gas - Oil Ratio: 0		Flowing Tubing Pressure:	
Water (BBLs): 689			
CALCULATED 24-HOUR RATE			
Oil (BBLs): 20.0		Gas (MCF): 0	
Oil Gravity - API - 60.: 38.0		Casing Pressure:	
Water (BBLs): 689			

CASING RECORD											
Row	Type of Casing	Casing Size (in.)	Hole Size (in.)	Setting Depth (ft.)	Multi - Stage Depth (ft.)	Multi - Stage Shoe Depth (ft.)	Cement Class	Cement Amount (sacks)	Slurry Volume (cu. ft.)	Top of Cement (ft.)	TOC Determined By
1	Surface	13 3/8	17 1/2	202			C	200	0.0	0	Circulated to Surface
2	Intermediate	9 5/8	12 1/2	4045			C	3500	0.0	0	Calculation
3	Conventional Production	7	8 3/4	9882			H	700	0.0	6350	Temperature Survey

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 (ft.)	TOC Determined By
N/A									

TUBING RECORD			
Row	Size (in.)	Depth (ft.)	Packer Depth (ft.)/Type
1	2 7/8	6533	/

PRODUCING/INJECTION/DISPOSAL INTERVAL			
Row	Open hole?	From (ft.)	To (ft.)
1	No	L 6538	6697.0

ACID, FRACTURE, CEMENT SQUEEZE, CAST IRON BRIDGE PLUG, RETAINER, ETC.			
Was hydraulic fracturing treatment performed?		Yes	
Is well equipped with a downhole actuation sleeve?		If yes, actuation pressure (PSIG):	
No			
Production casing test pressure (PSIG) prior to hydraulic fracturing treatment: 10000		Actual maximum pressure (PSIG) during hydraulic fracturing: 6467	
Has the hydraulic fracturing fluid disclosure been reported to FracFocus disclosure registry (SWR29)?		Yes	
Row	Type of Operation	Amount and Kind of Material Used	Depth Interval (ft.)

1	Retainer	SET CICR	6710	6710
2	Fracture	FRAC FOCUS REPORT UNLOADED	6538	6697

FORMATION RECORD

Formations	Encountered	Depth TVD (ft.)	Depth MD (ft.)	Is formation isolated?	Remarks
GLORIETA	No	5700.0		No	
CLEARFORK	No	5800.0		No	
TUBB	No	6800.0		No	
WOLFCAMP	No	8006.0		No	
Do the producing interval of this well produce H2S with a concentration in excess of 100 ppm (SWR 36)?					No
Is the completion being downhole commingled (SWR 10)?					No

REMARKS

SET CICR @ 6710', ADDED PERFORATIONS 6538'-6697', FRAC'D WELL

RRC REMARKS

PUBLIC COMMENTS:

CASING RECORD :

TUBING RECORD:

PRODUCING/INJECTION/DISPOSAL INTERVAL :

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

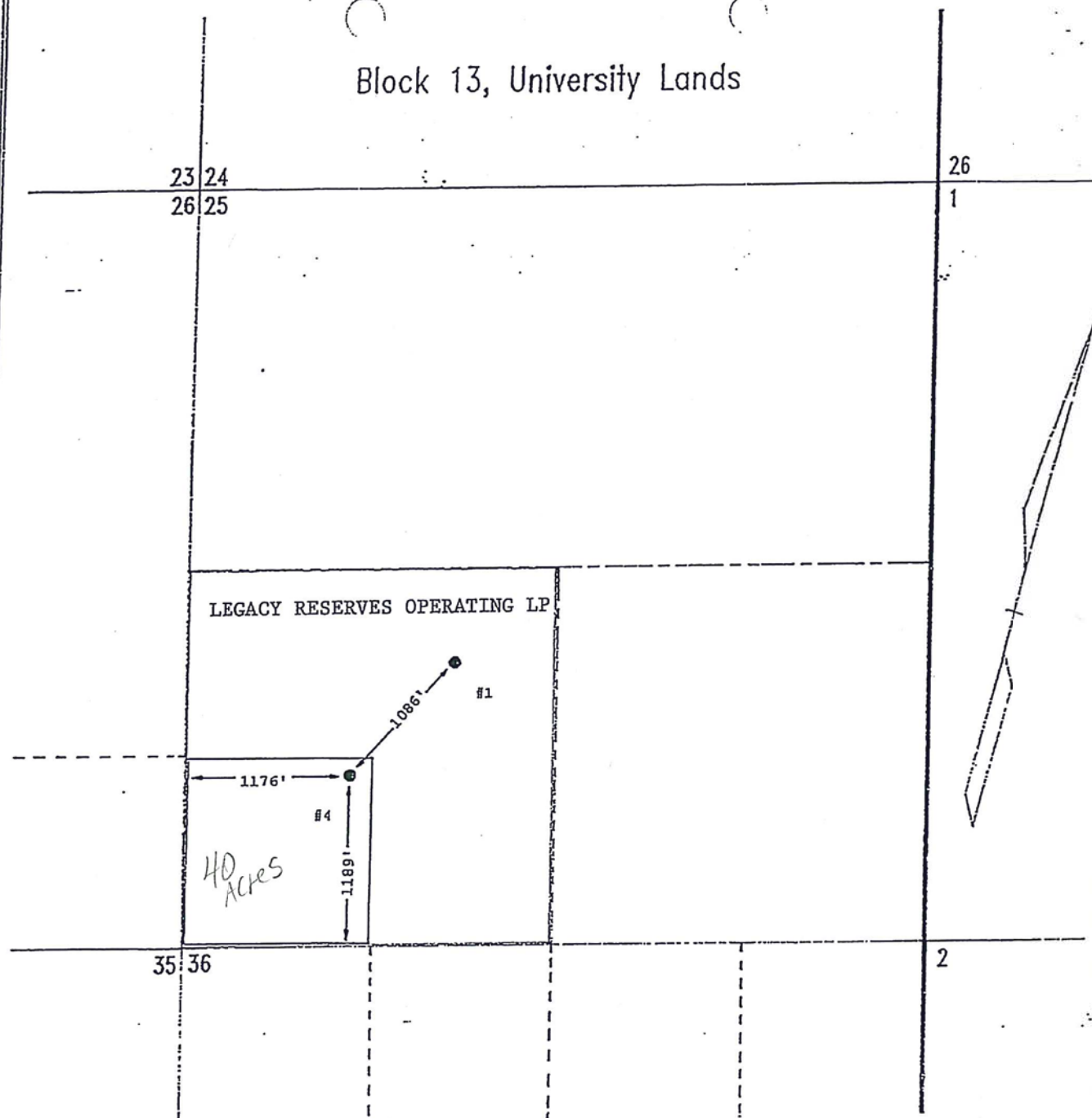
POTENTIAL TEST DATA:

OPERATOR'S CERTIFICATION

Printed Name: Melanie Reyes	Title: Regulatory Tech
Telephone No.: (432) 689-5200	Date Certified: 08/02/2017

1. Field name exactly as shown on proration schedule <b>SHAFTER LAKE (CLEAR FORK)</b>			2. Lease name as shown on proration schedule <b>UNIVERSITY -C-</b>																																												
3. Current operator name exactly as shown on P-5 Organization Report <b>LEGACY RESERVES OPERATING LP</b>			4. Operator P-5 no. <b>495445</b>	5. Oil Lse/Gas ID no <b>48797</b>	6. County <b>ANDREWS</b>	7. RRC district <b>08</b>																																									
8. Operator address including city, state, and zip code <b>P O BOX 10848</b> <b>MIDLAND, TX 79702</b>			9. Well no(s) <i>(see instruction E)</i> <b>4</b>																																												
			10. Classification <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other <i>(see instruction A)</i>		11. Effective Date <b>04/29/2017</b>																																										
12. Purpose of Filing. (Complete section a or b below.) <i>(See instructions B and G)</i> <b>a. Change of:</b> <input type="checkbox"/> operator <input type="checkbox"/> oil or condensate gatherer <input type="checkbox"/> gas gatherer <input type="checkbox"/> gas purchaser <input type="checkbox"/> gas purchaser system code <input type="checkbox"/> field name from _____ <input type="checkbox"/> lease name from _____ <b>OR</b> <b>b. New RRC Number for:</b> <input checked="" type="checkbox"/> oil lease <input type="checkbox"/> gas well <b>Due to:</b> <input type="checkbox"/> new completion or recompletion <input type="checkbox"/> reclass oil to gas <input type="checkbox"/> reclass gas to oil <input type="checkbox"/> other well (specify) _____ <input type="checkbox"/> consolidation, unitization, or subdivision (oil lease only)																																															
13. Authorized GAS WELL GAS or CASINGHEAD GAS Gatherer(s) and/or Purchaser(s). <i>(See instruction G).</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Gatherer</th> <th style="width: 5%;">Purchaser</th> <th style="width: 75%;">Name of GAS WELL GAS or CASINGHEAD GAS Gatherer(s) or Purchaser(s) As Indicated in Columns to the Left <i>(Attach an additional sheet in same format if more space is needed)</i></th> <th style="width: 10%;">Purchaser's RRC Assigned System Code</th> <th style="width: 10%;">Percent of Take</th> <th style="width: 5%;">Full-well stream</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td>DCP OPERATING COMPANY, LP(195959)</td> <td>0001</td> <td>100.0</td> <td></td> </tr> <tr><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></tr> <tr><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></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Gatherer	Purchaser	Name of GAS WELL GAS or CASINGHEAD GAS Gatherer(s) or Purchaser(s) As Indicated in Columns to the Left <i>(Attach an additional sheet in same format if more space is needed)</i>	Purchaser's RRC Assigned System Code	Percent of Take	Full-well stream	X	X	DCP OPERATING COMPANY, LP(195959)	0001	100.0																															
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<b>RRC USE ONLY:</b> Reviewer's initials: <u>RRC Staff</u> Approval date: <u>08/14/2017</u>																																															
<b>15. PREVIOUS OPERATOR CERTIFICATION FOR CHANGE OF OPERATOR P-4 FILING.</b> Being the PREVIOUS OPERATOR, I certify that operating responsibility for the well(s) designated in this filing, located on the subject lease has been transferred in its entirety to the above named Current Operator. I understand, as Previous Operator, that designation of the above named operator as Current Operator is not effective until this certificate is approved by the Commission.																																															
Name of Previous Operator _____ Name (print) _____ Title _____			Signature _____ <input type="checkbox"/> <b>Authorized Employee of previous operator</b> <input type="checkbox"/> <b>Authorized agent of previous operator</b> <i>(see instruction G)</i> Date _____      Phone with area code _____																																												
<b>16. CURRENT OPERATOR CERTIFICATION.</b> By signing this certificate as the Current Operator, I certify that all statements on this form are true and correct and I acknowledge responsibility for the regulatory compliance of the subject lease including plugging of well(s) pursuant to Rule 14. I further acknowledge that I assume responsibility for the physical operation, control, and proper plugging of each well designated in this filing. I also acknowledge that I will remain designated as the Current Operator until a new certificate designating a new Current Operator is approved by the Commission.																																															
<b>LEGACY RESERVES OPERATING LP</b> Name (print) _____ <b>Regulatory Tech</b> Title _____ <b>mreyes@legacylp.com</b> E-mail Address (optional) _____			<b>Melanie Reyes</b> Signature _____ <input checked="" type="checkbox"/> <b>Authorized Employee of current operator</b> <input type="checkbox"/> <b>Authorized agent of current operator</b> <i>(see instruction G)</i> <b>08/01/2017</b> <b>(432) 689-5200</b> Date _____      Phone with area code _____																																												

# Block 13, University Lands



All information on this plat  
is true to the best of my  
belief and knowledge.

*Dennis Grizzle*  
Dennis Grizzle  
Operations Manager Assistant

1983 NORTH AMERICAN DATUM  
LAT= 32.369351 LONG= -102.719056

Existing Well Plat

Legacy Reserves Operating LP.  
University "C" Lease  
SW/4 of  
Section 25, Block 13  
University Lands  
Andrews County, Texas

August 25, 1993

Scale: 1" = 1000'