

RAILROAD COMMISSION OF TEXAS Oil and Gas Division

Disposal/Injection Well
Pressure Test Report

**RECEIVED
RRC OF TEXAS**

UIC CONTROL NO. 000118147
Type _____ FOR RRC USE ONLY

READ INSTRUCTIONS ON BACK

PLEASE TYPE OR PRINT

JUN 26 2019

**O&G
Midland**

1. OPERATOR'S NAME XTO Energy Inc.				2. RRC OPERATOR NO. 945936			
3. ADDRESS 6401 Holiday Hill Road, Bldg 5 Midland, Texas 79707				4. RRC DISTRICT NO. 08			
5. COUNTY Andrews				8. API NO. 42-003-47241			
6. FIELD NAME (Exactly as shown on proration schedule) Fullerton			7. FIELD NO. 33230001		10b. GAS ID NO.		11. WELL NO. 7343
9. LEASE NAME Fullerton Clearfork Unit			10a. OIL LEASE NO. 01770				
12. REASON FOR TEST <input checked="" type="checkbox"/> Initial Test Prior to Injection <input 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) _____			13. DATE OF TEST 06/03/2019		14. RETEST? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, see Instruction No. 5		
			15. WELL COMPLETION		size depth set		
			Surface Casing		8-5/8" 1759'		
			Long String Casing		5-1/2" 7376'		
			Tubing		2-7/8" _____		
			16a. PACKER MAKE AND MODEL AS1-X		16b. DEPTH SET 6619'		
			17. AUTHORIZED INJECTION PRESSURE (PSIG): 2857'				
18a. PERMITTED INJECTION INTERVAL Top 5715' Bottom 7376'				18b. COMPLETED INJECTION INTERVAL Top 6705' Bottom 7101'			
19. TEST PRESSURE (PSIG) [see Instructions 4(c) and 4(d)]							
TIME	TUBING	CASING	SURFACE CSG.	TIME	TUBING	CASING	SURFACE CSG.
Initial	0	540	0	_____	_____	_____	_____
15 min.	0	540	0	_____	_____	_____	_____
30 min.	0	540	0	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
20. CHARACTERISTICS OF INJECTION FLUID [see Instruction 4(e)] Salt Water, Fresh Water				21. CHARACTERISTICS OF ANNULUS FLUID [see Instructions 4 (e) and 4 (f)]			
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) * TRRC JOB#: 180445							
25. 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 by supervision and direction, and that data and facts stated herein are true, correct, and complete, to the best of my knowledge.							
				 _____ Signature			
				Nikki Valenzuela Name of Person (type or print)		Regulatory Analyst Title	
				Telephone No. (432) 571-8227		Date 06/17/2019	

