



UNIVERSITY LANDS  
SEP 19 2016

909 ESE Loop 323, Suite 777  
Tyler, TX 75701  
903-526-5800  
903-526-5477 FAX  
[www.sequitureenergy.com](http://www.sequitureenergy.com)

## SEM Operating Company LLC

September 15, 2016

University Lands  
P.O. Box 553  
Midland, TX 79702

Attn: Regulatory Department, Michelle Chappell

**Re: Form W-3C**

Ms. Chappell:

Enclosed please find a copy of W-3C form submitted to the RRC on behalf of SEM Operating Company LLC, Operator #766370. If you have questions regarding this form, please call or email me at the contact information below.

Thank you.

Best Regards,

Mandi Prince  
Regulatory Assistant  
SEM Operating Company LLC  
[mprince@sequitureenergy.com](mailto:mprince@sequitureenergy.com)  
D - 903-705-0829

**CERTIFICATION OF  
SURFACE EQUIPMENT REMOVAL  
FOR AN INACTIVE WELL**

**Form W-3C**  
(Rev. 09/2011)

**READ INSTRUCTIONS ON BACK**

|                                                                                                   |                                                                                                               |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| 1. OPERATOR NAME exactly as shown on P-5, Organization Report<br><b>SEM Operating Company LLC</b> | 2. OPERATOR ADDRESS including city, state and zip code<br>10375 Richmond Ave., Suite 292<br>Houston, TX 77042 |
| 3. OPERATOR P-5 NO.<br>766370                                                                     |                                                                                                               |

**- If you are filing for a single well:**

|                                              |                     |                                              |             |            |
|----------------------------------------------|---------------------|----------------------------------------------|-------------|------------|
| 4. LEASE NAME as shown on Proration Schedule |                     | 5. FIELD NAME as shown on Proration Schedule |             |            |
| 6. API NUMBER<br><b>42-</b>                  | 4. RRC DISTRICT NO. | 8. OIL LEASE / GAS ID NO.                    | 9. WELL NO. | 10. COUNTY |

**OR**

**- If you are filing for an attached listing of wells:**

|                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11. The <u>19</u> wells listed on the attached <u>1</u> pages. (See Instructions for listing requirements.)<br><small>Number of Wells                      Number of Pages</small>                  |
| <b>NOTE: BY ATTACHING A LISTING OF WELLS, YOU CERTIFY THAT ALL WELLS ON THE ATTACHED LISTING HAVE BEEN PLACED IN COMPLIANCE WITH THE SURFACE EQUIPMENT REMOVAL REQUIREMENTS AS SPECIFIED BELOW.</b> |

| I, the undersigned, certify that:<br>(check all that apply) |                                                                                                                                                                                                                                                                                                                                                                         | Required for:                                                                                                                                    |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> A                       | electric service to the production sites for the well(s) identified above has been physically terminated, or the sites do not have electrical service. (See instructions.)                                                                                                                                                                                              | a well or wells which have been inactive for 12 months or longer.                                                                                |
| <input type="checkbox"/> B1                                 | all piping, tanks, vessels, and equipment associated with and exclusive to the well identified above have been emptied or purged of production fluids; OR                                                                                                                                                                                                               | a well or wells that have been inactive for at least five (5) years but less than ten (10) years.                                                |
| <input type="checkbox"/> B2                                 | the operator owns the surface of the land where the well(s) is located.                                                                                                                                                                                                                                                                                                 |                                                                                                                                                  |
| <input type="checkbox"/> C1                                 | all surface equipment and related piping, tanks, tank batteries, pump jacks, headers, fences, and firewalls associated with and exclusive to the well(s) identified above have been removed, all open pits associated with and exclusive to the well(s) identified above have been closed and all junk and trash, as defined by Commission rule, have been removed*; OR | a well or wells that have been inactive for at least ten (10) years.                                                                             |
| <input type="checkbox"/> C2                                 | the operator owns the surface of the land where the well is located; OR                                                                                                                                                                                                                                                                                                 | * for additional information regarding wells identified as inactive more than 10 years as of 9/1/10, please see instructions and/or SWR 15(i)(5) |
| <input type="checkbox"/> C3                                 | the well is part of a Commission recognized EOR project and the equipment remaining on the lease is solely associated with current and future operations of the project.                                                                                                                                                                                                |                                                                                                                                                  |
| <input type="checkbox"/> D                                  | I am unable to comply with the surface equipment cleanup/removal requirements due to safety concerns or required maintenance of the well site. I have attached a written affirmation of the facts regarding the safety concerns or maintenance and request a temporary exception. ( <b>\$150 fee per well required</b> )                                                | See instructions and/or SWR 15(i)(3).                                                                                                            |

CERTIFICATION: I declare that the above certification(s) are based on my personal knowledge of the physical condition of the inactive well identified in this application, that this report was prepared by me or under my supervision or direction, and that I am authorized to make this report. I further acknowledge that this certification is made pursuant to the provisions of Texas Natural Resources Code Section 91.143, which relates to false filings of Commission reports, and provides for the Commission to levy an administrative penalty of up to \$1,000.00 for each false filing.

*Mandi Prince*  
Signature

REGULATORY ASSISTANT

Title

MANDI PRINCE

Name (print or type)

09-15-2016

Date

903-705-0829

Phone No.

Contact Person and Phone Number if different from above:



SEM Operating Company LLC  
P-5: 766370

| API No.  | District | Lease No. | Lease Name      | Well No. | Field Name          | County     | Oil/Gas |
|----------|----------|-----------|-----------------|----------|---------------------|------------|---------|
| 10541424 | 7C       | 17171     | UNIVERSITY 40   | 1411H    | LIN (WOLFCAMP)      | CROCKETT   | O       |
| 10541427 | 7C       | 17171     | UNIVERSITY 40   | 1406H    | LIN (WOLFCAMP)      | CROCKETT   | O       |
| 10541432 | 7C       | 17171     | UNIVERSITY 40   | 1410H    | LIN (WOLFCAMP)      | CROCKETT   | O       |
| 10541572 | 7C       | 17171     | UNIVERSITY 40   | 1506H    | LIN (WOLFCAMP)      | CROCKETT   | O       |
| 10541573 | 7C       | 17171     | UNIVERSITY 40   | 1507H    | LIN (WOLFCAMP)      | CROCKETT   | O       |
| 10541683 | 7C       | 18357     | UNIVERSITY 38 D | 1503H    | LIN (WOLFCAMP)      | CROCKETT   | O       |
| 10541714 | 7C       | 18357     | UNIVERSITY 38 D | 1504H    | LIN (WOLFCAMP)      | CROCKETT   | O       |
| 23534434 | 7C       | 17118     | FAUDREE         |          | 1 LAVAN (WOLFCAMP)  | IRION      | O       |
| 23534999 | 7C       | 17569     | UNIVERSITY 43   | 0904H    | LIN (WOLFCAMP)      | IRION      | O       |
| 23535002 | 7C       | 17569     | UNIVERSITY 43   | 0906H    | LIN (WOLFCAMP)      | IRION      | O       |
| 23535004 | 7C       | 17569     | UNIVERSITY 43   | 0908H    | LIN (WOLFCAMP)      | IRION      | O       |
| 23535310 | 7C       | 17681     | MAYER           |          | 4902 LIN (WOLFCAMP) | IRION      | O       |
| 23535393 | 7C       | 17681     | MAYER           | 4509H    | LIN (WOLFCAMP)      | IRION      | O       |
| 23535395 | 7C       | 17681     | MAYER           | 4511H    | LIN (WOLFCAMP)      | IRION      | O       |
| 23535872 | 7C       | 18505     | UNIVERSITY LUCY | 0102H    | LIN (WOLFCAMP)      | IRION      | O       |
| 23535873 | 7C       | 18130     | NOELKE A        | 0704H    | LIN (WOLFCAMP)      | IRION      | O       |
| 23535877 | 7C       | 18130     | NOELKE A        | 0705H    | LIN (WOLFCAMP)      | IRION      | O       |
| 23535878 | 7C       | 18505     | UNIVERSITY LUCY | 0103H    | LIN (WOLFCAMP)      | IRION      | O       |
| 41332790 | 7C       | 18112     | UNIVERSITY 52 S |          | 2502 LIN (WOLFCAMP) | SCHLEICHER | O       |