

Type or print only

RAILROAD COMMISSION OF TEXAS
Oil and Gas Division

Form W-2
Rev. 4/1/83
DBC1297

API No. 42- 383-36354

7. RRC District No.

Oil Well Potential Test, Completion or Recompletion Report, and Log

7C

8. RRC Lease No.

1. FIELD NAME (as per RRC Records or Wildcat)

2. LEASE NAME

9. Well No.

FARMER (SAN ANDRES)

UNIVERSITY 48-9

1

3. OPERATOR'S NAME (Exactly as shown on Form P-5, Organization Report)

RRC Operator No.

10. County of well site

TELESIS OPERATING CO., NC.

841394

REAGAN

4. ADDRESS 6000 WESTERN PLACE, SUITE 630
FORT WORTH, TX 76107

11. Purpose of filing

5. If Operator has changed within last 60 days, name former operator

Initial Potential

Retest

Reclass

Well record only
(explain in Remarks)

6a. Location (Section, Block, and Survey)

6b. Distance and direction to nearest town in this county.

Sec 9 Bk 48 UL

9 miles SE from BIG LAKE

12. If workover or reclass, give former field (with reservoir) & gas ID or oil lease no.
FIELD & RESERVOIR

GAS ID or
OIL LEASE #

Oil - O
Gas - G

WELL NO.

13. Type of electric or other log run

14. Completion or recompletion date

CBL, CNL

09/14/09

SECTION I: POTENTIAL TEST DATA IMPORTANT: Test should be for 24 hours unless otherwise specified in field rules.

15. Date of test 09/14/09	16. No. of hours tested 24	17. Production method (Flowing, Gas Lift, Jetting, Pumping-- Size & Type of pump) PUMPING / 2" X 1-1/2" X 12'			18. Choke Size
19. Production during Test Period	Oil - BBLS 62	Gas -- MCF 80	Water - BBLS 38	Gas - Oil Ratio 1290:1	Flowing Tubing Pressure PSI
20. Calculated 24- Hour Rate	Oil - BBLS 62	Gas -- MCF 80	Water -- BBLS 38	Oil Gravity--API--60° 37	Casing Pressure PSI 40
21. Was swab used during this test? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		22. Oil Produced prior to test (New & Reworked wells) NONE			23. Injection Gas--Oil Ratio

REMARKS THIS 'INITIAL POTENTIAL' W-2 REPLACES THE PREVIOUSLY FILED W-2.

INSTRUCTIONS: File an original and one copy of the completed Form W-2 in the appropriate RRC District Office within 30 days after completing a well and within 10 days after a potential test. If an operator does not properly report the results of a potential test within the 10-day period, the effective date of the allowable assigned to the well will not extend back more than 10 days before the W-2 was received in the District Office. (Statewide Rules 16 and 51) To report a completion or recompletion, fill in both sides of this form. To report a retest, fill in only the front side.

WELL TESTER'S CERTIFICATION

I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I conducted or supervised this test by observation of (a) meter readings or (b) the top and bottom gauges of each tank into which production was run during the test. I further certify that the potential test data shown above is true, correct, and complete, to the best of my knowledge.

CRAIG RUFF/TELESIS OPERATING CO., NC.

Signature : Well Tester

Name of Company

RRC Representative

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 this report was prepared by me or under my supervision and direction, and that data and facts stated therein are true, correct, and complete, to the best of my knowledge.

Susan C. Harris

Regulatory Analyst

Typed or printed name of operator's representative

Title of Person

(817)737-2235

09/16/09

Telephone: Area Code Number

Date: mo. day year

Signature

ENTERED
OCT 02 2009

SECTION II DATA ON WELL COMPLETION AND LOG (Not Required on Retest)

24. Type of Completion: New Well Deepening Plug Back Other

25. Permit to Drill, Plug Back or Deepen DATE 09/16/08 PERMIT NO. 669204

26. Notice of Intention to Drill this well was filed in Name of
TELES OPERATING CO., NC.

27. Number of producing wells on this lease in this field (reservoir) including this well: 2

28. Total number of acres in this lease: 80

29. Date Plug Back, Deepening, WorkOver or Drilling Operations: Commenced 12/01/08 Completed 12/27/08

30. Distance to nearest well, Same Lease & Reservoir: 1334'

Rule 37 Exception Water Injection Permit Salt Water Disposal Permit Other Permit

31. Location of well, relative to nearest lease boundaries of lease on which this well is located: 520 Feet From SOUTH Line and 330 Feet from EAST Line of the UNIVERSITY 48-9 Lease

32. Elevation (DF, RKB, RT, GR, ETC.): 2668'

33. Was directional survey made other than inclination (Form W-12)? Yes No

34. Top of Pay: 2013'

35. Total Depth: 2600'

36. P.B. Depth: 2590'

37. Surface Casing Determined by: Field Recommendation of T.D.W.R. Rules Railroad Commission (Special)

Dt. of Letter 09/02/08

38. Is well multiple completion? NO

39. If multiple completion, list all reservoir names (completions in this well) and Oil Lease or Gas ID No. FIELD & RESERVOIR

40. Intervals Drilled by: Rotary Tools Cable Tools

41. Name of Drilling Contractor: SAND DOLLAR DRILLING, LP

42. Is Cementing Affidavit Attached? Yes No

43. CASING RECORD (Report All Strings Set in Well)

CASING SIZE	WT #/FT.	DEPTH SET	MULTISTAGE TOOL DEPTH	TYPE & AMOUNT CEMENT (sacks)	HOLE SIZE	TOP OF CEMENT	SLURRY VOL. cu. ft.
4-1/2"	10.5#		982'	200°C'S time	7-7/8"	SURFACE	380
4-1/2"	10.5#	2603'		305°C'S time	7-7/8"	1215'	504

44. LINER RECORD

Size	Top	Bottom	Sacks Cement	Screen
				-
				-

45. TUBING RECORD

Size	Depth Set	Packer Set	From	To
2-3/8"	1966'	—	2013'	2252'

46. Producing Interval (this completion) Indicate depth of perforation or open hole

47. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

Depth Interval	Amount and Kind of Material Used
2013' - 2252'	ACD : 2500 GALS 15% NEFE
	FRAC : 75,000# 20-40 SAND ; 1600 BBLs
	X-LNK GEL

48. FORMATION RECORD (LIST DEPTHS OF PRINCIPAL GEOLOGICAL MARKERS AND FORMATION TOPS)

Formations	Depth	Formations	Depth
QUEENS	1767'		
GRAYBURG	1966'		
SAN ANDRES	2302'		

REMARKS: THIS "NTIAL POTENTIAL" W -2 REPLACES THE PREVDUSLY FILED WRO W -2. CEMENTING AFFDAVIT WAS SUBM ITTED W ITH THE WRO W -2 FILED 03/30/09.

Cementer: Fill in shaded areas
Operator: Fill in other items

RAILROAD COMMISSION OF TEXAS

Oil and Gas Division

1. Operator's Name (As Shown on Form P-5, Organization Report)	2. RRC Operator No.	3. RRC District No.	4. County of Well Site
TELSIS OPERATING CO., INC.	841394	7C	REAGAN
5. Field Name (Wildcat or Exactly as Shown on RRC Records)	6. API No.	7. Drilling Permit No.	
FARMER (SAN ANDRES)	42-383-36354	669204	
8. Lease Name	9. Rule 37 Case No.	10. Oil Lease/Gas ID No.	11. Well Number
UNIVERSITY 48-9			1

CASING CEMENTING DATA:	SURFACE CASING	INTERMEDIATE CASING	PRODUCTION CASING		MULTI-STAGE CEMENTING PROCESS	
			SINGLE STRING	MULTIPLE PARALLEL STRINGS	TOOL	SHOE
12. Cementing Date					12/26/08	12/26/08
13. *Drilled Hole Size					7.7/8	7 7/8
*Ext. % Wash or Hole Enlargement					25%	25%
14. Size of Casing (in. O.D.)					4 1/2 10.5LB	4 1/2 10.5LB
15. Top of Liner (ft)						
16. Setting Depth (ft)					982	2603
17. Number of Centralizers Used					4	10
18. Hrs. Waiting on Cement Before Drill-Out					24	24
1st Slurry	19. API Cement Used: No. of Sacks >				200	175
	Class >				*C*STARLITE	*C*STARLITE
	Additives >				REMARKS	REMARKS
2nd Slurry	No. of Sacks >					130
	Class >					C
	Additives >					.25%R38
3rd Slurry	No. of Sacks >					
	Class >					
	Additives >					
1st	20. Slurry Pumped: Volume (cu.ft.) >				380.00	332.50
	Height (ft) >				1668.16	1459.64
2nd	Volume (cu.ft.) >					171.60
	Height (ft) >					753.30
3rd	Volume (cu.ft.) >					
	Height (ft) >					
Total	Volume (cu.ft.) >				380	504
	Height (ft) >				1668	2213
21. Was Cement Circulated to Ground Surface (or Bottom of Casing) Outside Casing?					YES 10 SKS	NO
22. Remarks						
ADDITIVES FOR 1st STAGE LEAD CEMENT 2%C45-.6%C15-2%CACL2-.25%R38						
ADDITIVES FOR 2nd STAGE CEMENT 2%C45-.6%C15-2%CACL2-.25%R38						

OVER →

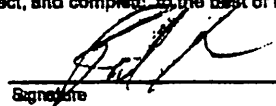
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CEMENTING TO PLUG AND ABANDON	PLUG #1	PLUG #2	PLUG #3	PLUG #4	PLUG #5	PLUG #6	PLUG #7	PLUG #8
23 Cementing Date								
24 Size of Hole or Pipe Plugged (in)								
25 Depth to Bottom of Tubing or Drill Pipe (ft)								
26 Bags of Cement Used (each plug)								
27 Slurry Volume Pumped (cu.ft.)								
28 Calculated Top of Plug (ft)								
29 Measured Top of Plug, If Tagged (ft)								
30 Slurry Wt. (lbs/gal)								
31 Type Cement								

CEMENTERS CERTIFICATE: I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this certification that the cementing of casing and/or the placing of cement plugs in this well as shown in the report was performed by me or under my supervision, and that the cementing data and facts presented on both sides of this form are true, correct, and complete, to the best of my knowledge. This certification covers cementing data only.

Paul Hammon Service Supervisor

RISING STAR SERVICES LP.



Name and Title of Cementers Representative

Cementing Company

Signature

P.O. BOX 61198 MIDLAND TX **79711**

(432) 617-0114

December 26, 2008

Address City State Zip Code

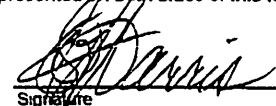
Tel: Area Code Number

Date: Mo. Day Yr.

OPERATOR'S CERTIFICATE: I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this certification, that I have knowledge of the well data and information presented in this report, and that data and facts presented on both sides of this form are true, correct, and complete, to the best of my knowledge. This certification covers all well data.

SUSAN C. HARRIS

REGULATORY ANALYST



Typed or Printed Name of Operators Representative

Title

Signature

6000 WESTERN PLACE #630 FT WORTH TX **76107**

817 - 737-2235

03-18-09

Address City State Zip Code

Tel: Area Code Number

Date Mo Day Yr

Instruction to Form W-15, Cementing Report

IMPORTANT: Operators and cementing companies must comply with the requirements of the Commission's Statewide rules 8 (Water Protection), 13 (Casing, Cementing, Drilling, and Completion, and 14 (Well Plugging). For offshore operations, see the requirements of Rule 13 (c).

- A. What to file. An operator should file an original and one copy of the completed Form W-15 for each cementing company used on a well. The cementing of different casing strings on a well by one cementing company may be reported on one form. Form W-15 should be filed with the following:
 - * An initial oil or gas completion report, Form W-2 or G-1, as required by Statewide or special field rules;
 - * Form W-4, Application for Multiple Completion, if the well is a multiple parallel casing completion; and
 - * Form W-3, Plugging Record, unless the W-3 is signed by the cementing company representative. When reporting dry holes, operators must complete W-15, in addition to Form W-3, to show any casing cemented in the hole.
- B. Where to file. The appropriate Commission District Office for the county in which the well is located.
- C. Surface casing. An operator must set and cement sufficient surface casing to protect all usable-quality water strata, as defined by the Texas Department of Water Resources, Austin. Before drilling a well in any field or area in which no field rules are in effect or in which surface casing requirements are not specified in the applicable rules, an operator must obtain a letter from the Department of Water Resources stating the protection depth. Surface casing should not be set deeper than 200 feet below the specified depth without prior approval from the Commission.
- D. Centralizers. Surface casing must be centralized at the shoe, above and below a stage collar or diverting tool, if run, and through usable-quality water zones. In nondeviated holes, a centralizer must be placed every fourth joint from the cement shoe to the ground surface or to the bottom of the cellar. All centralizers must meet API specifications.
- E. Exceptions and alternative casing programs. The District Director may grant an exception to the requirements of Statewide Rule 13. In a written applications, an operator must state the reason for the requested exception and outline an alternate program for casing and cementing through the protection depth for strata containing usable-quality water. The District Director may approve, modify, or reject a proposed program. An operator must obtain approval of any exception before beginning casing and cementing operations.
- F. Intermediate and production casing. For specific technical requirements, operators should consult Statewide Rule 12 (b) (3) and (4).
- G. Plugging and abandoning. Cement plugs must be placed in the wellbore as required by Statewide Rule 14. The District Director may require additional cement plugs. For onshore or inland wells, a 10-foot cement plug must be placed in the top of the well, and the casing must be cut off three feet below the ground surface. All cement plugs, except the top plug, must have sufficient slurry volume to fill 100 feet of hole, plus ten percent for each 1000 feet of depth from the ground surface to the bottom of the plug.

To plug and abandon a well, operators must use only cementers approved by the Director of Field Operations. Cementing companies, service companies, or operators can qualify as approved cementers by demonstrating that they are able to mix and pump cement in compliance with Commission rules and regulations.

**CERTIFICATE OF COMPLIANCE
 AND TRANSPORTATION AUTHORITY**

P-4
 5/02—www-1

READ INSTRUCTIONS ON BACK

1. Field name exactly as shown on proration schedule FARMER (SAN ANDRES)		2. Lease name as shown on proration schedule UNIVERSITY 48-9				
3. Current operator name exactly as shown on P-5 Organization Report TELESIS OPERATING CO., INC.		4. Operator P-5 no. 841394	5. Oil Lse/Gas ID no.	6. County REAGAN	7. RRC district 7C	
8. Operator address including city, state, and zip code 6000 WESTERN PLACE SUITE 630 FORT WORTH, TX 76107		9. Well no(s) (see instruction E) 1,2				
		10. Classification <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other (see instruction A)			11. Effective Date 02/01/09	

12. Purpose of Filing. (Complete section a or b below.) (See instructions B and G)

a. Change of: operator oil or condensate gatherer gas gatherer gas purchaser gas purchaser system code
 field name from: _____
 lease name from: _____
 OR

b. New RRC Number for: oil lease gas well other well (specify) _____ Due to: new completion or recompletion reclass oil to gas reclass gas to oil
 consolidation, unitization, or subdivision (oil lease only)

13. Authorized GAS WELL GAS or CASINGHEAD GAS Gatherer(s) and/or Purchaser(s) (See instruction G)

Gatherer	Purchaser	Name of GAS WELL GAS or CASINGHEAD GAS Gatherer(s) or Purchaser(s) As Indicated in Columns to the Left (Attach an additional sheet in same format if more space is needed)	Purchaser's RRC Assigned System Code	Percent of Take	Full-well stream
X	X	DAVIS GAS PROCESSING, INC.	0014	100%	

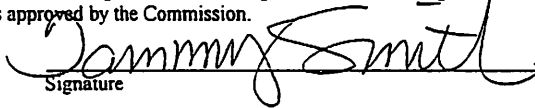
14. Authorized OIL or CONDENSATE Gatherer(s) (See instruction G)

Name of OIL or CONDENSATE Gatherer(s) - List Highest Volume Gatherer First (Attach an additional sheet in same format if more space is needed)	Percent of Take	RRR USE ONLY Reviewer's initials: _____ Approval date: _____
PLAINS MARKETING, L. P.	100%	

15. PREVIOUS OPERATOR CERTIFICATION FOR CHANGE OF OPERATOR P-4 FILING. 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	Signature
Name (print)	<input type="checkbox"/> Authorized Employee of previous operator <input type="checkbox"/> Authorized agent of previous operator (see instruction G)
Title	Date _____ Phone with area code _____

16. CURRENT OPERATOR CERTIFICATION. 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.

Name (print) TAMMY SMITH	Signature 
Title REGULATORY ASSOCIATE	<input checked="" type="checkbox"/> Authorized Employee of current operator <input type="checkbox"/> Authorized agent of current operator (see instruction G)
E-mail Address (optional) tsmith@telesisoperating.com	Date 03/18/09 Phone with area code (817) 737-2235

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