

Gulf of Mexico OCS Region
Resource Conservation Section
Submitting Office

WELL POTENTIAL TEST REPORT (WPT)

| | | | | | | |
|---|---|---|--|--|--|---|
| 1. <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> CORRECTION | | 4. LEASE NO. G01609 | 3. WELL NO. D023 (ST00BP00) | 2. API NO. (Not Completion Code) 17-723-40082-00-S02 | 11. OPERATOR NAME and ADDRESS (Submitting Office) Fieldwood Energy LLC 2000 W Sam Houston Pkwy South Suite 1200 Houston, Texas 77042 | |
| 8. FIELD NAME SP061 | | 5. AREA NAME SP | 6. BLOCK NO. 61 | 50. RESERVOIR NAME I2 RA | | |
| 88. TYPE OF REQUEST <input type="checkbox"/> INITIAL <input type="checkbox"/> RECOMPLETION <input type="checkbox"/> REWORK <input type="checkbox"/> RECLASSIFICATION <input checked="" type="checkbox"/> REESTABLISH SEE REMARKS | | 89. ATTACHEMENTS PER 250.1151(a) and 250.1167 <input type="checkbox"/> LOG SECTION <input type="checkbox"/> RESERVOIR STRUCTURE MAP <input type="checkbox"/> OTHER | | 7. OPD NO. LA9A | 10. BSEE OPERATOR NO. 03295 | 43. DATE OF FIRST PRODUCTION 20181122 |
| | | | | 9. UNIT NO. NA | 90. RESERVOIR CLASSIFICATION <input type="checkbox"/> SENSITIVE <input checked="" type="checkbox"/> NONSENSITIVE | |
| WELL TEST | | | | | | |
| 92. DATE of TEST 20181126 | 93. PRODUCTION METHOD GL | 94. TYPE OF WELL <input checked="" type="checkbox"/> OIL <input type="checkbox"/> GAS | | 95. HOURS TESTED 24 | 96. CHOKE SIZE (Test) 64 | 97. PRETEST TIME 24 |
| 98. CHOKE SIZE (Pretest) 64 | 99. SHUT-IN WELLHEAD PRESSURE (Gas wells only) NA | | 100. FLOWING TUBING PRESSURE 116 | | 101. STATIC BHP (Omit on Public Info. Copy) NA | |
| 102. LINE PRESSURE (Gas wells only) NA | | 103. TOP PERFORATED INTERVAL (md) 5630 | | 104. BOTTOM PERFORATED INTERVAL (md) 5660 | | |
| TEST PRODUCTION - 24 HOUR RATES | | | | | | |
| 105. OIL (BOPD) 86 | 106. GAS (MCFD) 98 | 107. WATER (BWPD) 696 | 108. API @ 14.73 PSI & 60° F 23.0 | | 109. SP GR GAS @ 14.73 PSI & 60° F 0.620 | |
| 115. OTHER ACTIVE COMPLETIONS IN RESERVOIR (Continue in Remarks or attach an additional sheet if necessary.) | | | | | | |
| LEASE NO. | WELL NAME | API WELL NO. | LEASE NO. | WELL NAME | API WELL NO. | |
| 1. G01609 | D039 | 17-723-40098-01-S01 | 5. | | | |
| 2. | | | 6. | | | |
| 3. | | | 7. | | | |
| 4. | | | 8. | | | |
| 91. REQUESTED MAXIMUM PRODUCTION RATE (MPR) (Required only for Pacific and Alaska OCS Regions.) | | | | | | |
| 26. CONTACT NAME Debra J. Anderson | | | 27. CONTACT TELEPHONE NO. 713-969-1340 | | 32. CONTACT E-MAIL ADDRESS Debra.Anderson@fwellc.com | |
| 28. AUTHORIZING OFFICIAL (Type or print name) Essi Mansoori | | | | 29. TITLE Sr. Production Engineer | | |
| 30. AUTHORIZING SIGNATURE <i>Essi Mansoori /cp</i> | | | | 31. DATE 20181227 | | |
| THIS SPACE FOR BSEE USE ONLY | | | | | | |
| BSEE AUTHORIZING OFFICIAL | | | REQUESTED MPR | | <input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED (Pacific and Alaska OCS Regions) | |
| | | | | EFFECTIVE DATE | | |

PUBLIC INFORMATION

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116. REMARKS

Returned to production effective 11/22/2018 - last produced 07/2017

CERTIFICATION: I certify that the information submitted is complete and accurate to the best of my knowledge. I understand that making a false statement may subject me to criminal penalties of 18 U.S.C. 1001.

Name and Title: Debra J. Anderson / Technician Coordinator Date: 20181227

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