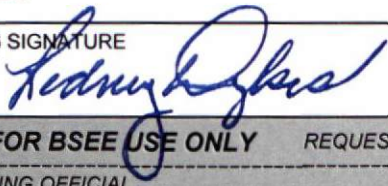


WELL POTENTIAL TEST REPORT (WPT)

1. <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> CORRECTION		4. LEASE NO. G02316	3. WELL NO. CB002ST1	2. API NO. (with Completion Code) 177074035701S06		11. OPERATOR NAME and ADDRESS (Submitting Office) Cox Operating, LLC 1615 Poydras ST Suite 830 New Orleans, LA. 70112	
8. FIELD NAME South Marsh Island		5. AREA NAME SM 288	6. BLOCK NO. 288	50. RESERVOIR NAME 10300 FB-U			
88. TYPE OF REQUEST <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> RECOMPLETION <input type="checkbox"/> REWORK <input type="checkbox"/> RECLASSIFICATION <input type="checkbox"/> REESTABLISH		89. ATTACHMENTS PER §§ 250.1151(a) and 250.1167 <input checked="" type="checkbox"/> LOG SECTION <input checked="" type="checkbox"/> RESERVOIR STRUCTURE MAP <input type="checkbox"/> OTHER _____		7. OPD NO.	10. BSEE OPERATOR NO. V1510	43. DATE OF FIRST PRODUCTION 05/30/2021	
				9. UNIT NO. N/A	90. RESERVOIR CLASSIFICATION <input type="checkbox"/> SENSITIVE <input checked="" type="checkbox"/> NONSENSITIVE		
WELL TEST							
92. DATE of TEST 05/30/2021	93. PRODUCTION METHOD Flowing	94. TYPE OF WELL <input type="checkbox"/> OIL <input checked="" type="checkbox"/> GAS		95. HOURS TESTED 6	96. CHOKE SIZE (Test) 32	97. PRETEST TIME 32	
98. CHOKE SIZE (Pretest) 32	99. SHUT-IN WELLHEAD PRESSURE (Gas wells only) 3700		100. FLOWING TUBING PRESSURE 3700		101. STATIC BHP(Omit on Public Info.Copy)		
102. LINE PRESSURE (Gas wells only) 931		103. TOP PERFORATED INTERVAL (md) 11202			104. BOTTOM PERFORATED INTERVAL (md) 11222		
TEST PRODUCTION - 24 HOUR RATES							
105. OIL (BOPD) 36	106. GAS (MCFPD) 2552	107. WATER (BWPD) 8	108. API @ 14.73 PSI & 60° F 44.3		109. SP GR GAS @ 14.73 PSI & 60° F .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.				5.			
2.				6.			
3.				7.			
4.				8.			
91. REQUESTED MAXIMUM PRODUCTION RATE (MPR) (Required only for Pacific and Alaska OCS Regions.)							
26. CONTACT NAME Randy Guliuzo				27. CONTACT TELEPHONE NO. 504-603-1344	32. CONTACT E-MAIL ADDRESS rguliuzo@coxoil.com		
28. AUTHORIZING OFFICIAL (Type or print name) Rodney Dykes				29. TITLE President & COO			
30. AUTHORIZING SIGNATURE 				31. DATE 10/18/2021			
THIS SPACE FOR BSEE USE ONLY REQUESTED MPR <input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED (Pacific and Alaska OCS Regions)							
BSEE AUTHORIZING OFFICIAL					EFFECTIVE DATE		

PUBLIC INFORMATION

WELL POTENTIAL TEST REPORT (WPT)

116. REMARKS

PUBLIC INFORMATION

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 the criminal penalties of 18 U.S.C. 1001.

Name and Title:  President & COO Date: 10/18/2021

PAPERWORK REDUCTION ACT STATEMENT: The Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*) requires us to inform you that this information is collected to implement the various environmental provisions of the OCS Lands Act. We use the information to determine well, lease, and field producing capability and serves as the basis for approving maximum production rates for certain oil and gas completions. Responses are mandatory (43 U.S.C. 1334). Proprietary data are covered under 30 CFR 250.197. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. Public reporting burden of this form is estimated to average 3 hours per response, including the time the geologists need to prepare the map, time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of the this form to the Information Collection Clearance Officer, Bureau of Safety and Environmental Enforcement, 381 Elden Street, Herndon, VA 20170.