

**GAS WELL BACK PRESSURE TEST  
COMPLETION OR RECOMPLETION REPORT AND LOG**

1. FIELD NAME (as per RRC Records or Wildcat) \_\_\_\_\_ 2. LEASE NAME  
COLUMBIA COUNTY

3. OPERATOR  
REICHHOLD ENERGY

4. ADDRESS \_\_\_\_\_

5. LOCATION (Section, Block, and Survey) \_\_\_\_\_ 5b. Distance and Direction from nearest town in this county. \_\_\_\_\_

6. If Operator has changed within last 60 days - Give former Operator. \_\_\_\_\_ 12. If Workover or Reclass, give former Field (with Reservoir) & Gas ID or Oil Lease #.

13. Pipe Line Connection \_\_\_\_\_

14. List of Offset Operators Notified and Date of Notification \_\_\_\_\_

15. Any Condensate on Hand at time of Workover or Recompletion?  Yes  No

16. Type of Electric or other Log Run. \_\_\_\_\_

7. RRC District \_\_\_\_\_

8. RRC Identification Number \_\_\_\_\_

9. Well Number  
6-2

10. County  
Columbia

11. Purpose of Test  
Initial Potential  Retest  Reclass

12. FIELD & RESERVOIR \_\_\_\_\_ GAS ID or OIL LEASE # \_\_\_\_\_ Oil - O Gas - G \_\_\_\_\_ WELL # \_\_\_\_\_

13. Completion or Recompletion Date \_\_\_\_\_

**Section I  
GAS MEASUREMENT DATA**

Date of Test \_\_\_\_\_ Gas Measurement Method (Check One)  
 Orifice Meter  Positive Choke  Orifice Vent Meter  Pilot Tube  Critical flow Prover

Run No	Prover Line Size	Orifice or Choke Size	24 Hr. Coeff. Orif or Choke	Static P <sub>w</sub> or Choke Press	Diff. h <sub>w</sub>	Flow Temp °F	Temp. Factor F <sub>t1</sub>	Gravity Factor F <sub>g</sub>	Compress Factor F <sub>pv</sub>	Volume MCF/DAY
1	2"	3/16	0.8025	921.2	-	52	1.0078	1.0445	1.078	840
2	2"	5/16	2.2080	904.9	-	53	1.0068	1.0445	1.072	2252
3	2"	7/16	4.5030	861.9	-	64	0.9963	1.0445	1.061	4295
4	2"	5/8	8.5500	828.3	-	64	0.9963	1.0445	1.061	7819

**Section II  
FIELD DATA AND PRESSURE CALCULATIONS**

Gravity (Dry Gas) .550 (est.) Gravity Liquid Hydrocarbon None Des. API \_\_\_\_\_ Gas-Liquid Hydro Ratio CF/UBI \_\_\_\_\_ Gravity of Mixture G<sub>mix</sub> .550 Avg. Shut-In Temp. °F \_\_\_\_\_ Bottom Hole Temp. 100°F @ (Depth) \_\_\_\_\_

D<sub>eff</sub> 8/3  $\sqrt{T_1}$  \_\_\_\_\_  $\sqrt{GL}$  \_\_\_\_\_

Run No	Time of Run Min	Choke Size	Casing Wellhead Press PSIA P <sub>w</sub>	Wellhead Flow Temp. °F	P <sub>2</sub> (Thousands)	R	R <sup>2</sup> (Thousands)	P <sub>1</sub>	P <sub>w</sub> /P <sub>1</sub>
1	30	3/16	924.4	52					
2	30	5/16	923.4	53					
3	30	7/16	917.1	64					
4	30	5/8	914.4	64					

Amarada Bottom Hole Pressure Gage

Run No	P <sub>1</sub> and P <sub>s</sub>	P <sub>1</sub> <sup>2</sup> and P <sub>s</sub> <sup>2</sup>	P <sub>1</sub> <sup>2</sup> - P <sub>s</sub> <sup>2</sup>	Angle of Slope
1	964.2	929.7		θ = 45
2	963.0	927.4	2.3	n = 1,000
3	961.1	923.7	6.0	Absolute Open Flow
4	958.8	919.3	10.4	530,000 MCF/DAY
4	957.1	916.0	13.7	

An inclination survey has been run in accordance with Statewide Rule 11 and the results are available upon request. Maximum horizontal displacement was \_\_\_\_\_ feet at a measured depth of \_\_\_\_\_ feet.

Signature of Authorized Representative \_\_\_\_\_ Name of Company Conducting Survey \_\_\_\_\_  
 I have knowledge that the orienting operations, as reflected by the information found on the reverse side of this form, were performed as indicated by such information.

Signature of Compositor or Authorized Representative \_\_\_\_\_ Name of Compositing Company \_\_\_\_\_

**CERTIFICATE:**  
 I declare under penalties permissive 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.