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RAILROAD COMMISSION OF TEXAS -- OIL AND GAS DIVISION

Form H-1A

INJECTION WELL DATA (attach to Form H-1)

1. Operator Name (as shown on P-5)	2. Operator P-5 No.
SOJOURNER DRILLING CORPORATION	800750
3. Field Name	4. Field No.
JUDY GAIL, EAST (CANYON)	47543500
5. Current Lease Name	6. Lease/Gas ID No.
Y6	17470

7. Lease is 4 miles in a NW direction from HAMLIN (center of nearest town).

8. Well No.	9. API No.	10. UIC No.	11. Total Depth	12. Date Drilled	13. Base of Usable Quality Water (ft)
1319	42-151-31557		4599	09/02/1982	150

14. (a) Legal description of well location, including distance and direction from survey lines:
2800'FWL&1050'FNE, W.E. Kaye Survey #4, Lot 19
(b) Latitude and Longitude of well location, if known (optional) Lat. 32.949267 Long. -100.175291 NAD27

15. New Injection Well ☐ or Injection Well Amendment ☑ Reason for Amendment: Pressure ☐ Volume ☐ Interval ☐ Fluid Type ☐
Other (explain) ADD INJECTION WELL

Casing	Size	Setting Depth	Hole Size	Casing Weight	Cement Class	# Sacks of Cement	Top of Cement	Top Determined by
16. Surface	8 5/8	155	11	20#	H	125	0	VISUAL
17. Intermediate								
18. Long string	4 1/2	4600	7 7/8	9.50	HLC, IP	650	0	CALCULATION
19. Liner								

20. Tubing size	21. Tubing depth	22. Injection tubing packer depth	23. Injection interval
2 3/8	4400	4400	4446 to 4472

24. Cement Squeeze Operations (List all)	Squeeze Interval (ft)	No. of Sacks	Top of Cement (ft)

25. Multiple Completion?	26. Downhole Water Separation?	NOTE: If the answer is "Yes" to Item 25 or 26, provide a Wellbore Sketch
Yes ☐ No ☑	Yes ☐ No ☑	

27. Fluid Type	28. Maximum daily injection volume for each fluid type (rate in bpd or mcf/d)	29. Estimated average daily injection volume for each fluid type (rate in bpd or mcf/d)
PRODUCED SALTWATER	2000 BPD	500 BPD

30. Maximum Surface Injection Pressure: for Liquid 2220 psig for Gas _____ psig.

8. Well No.	9. API No.	10. UIC No.	11. Total Depth	12. Date Drilled	13. Base of Usable Quality Water (ft)

14. (a) Legal description of well location, including distance and direction from survey lines:
(b) Latitude and Longitude of well location, if known (optional) Lat. _____ Long. _____

15. New Injection Well ☐ or Injection Well Amendment ☐ Reason for Amendment: Pressure ☐ Volume ☐ Interval ☐ Fluid Type ☐
Other (explain) _____

Casing	Size	Setting Depth	Hole Siz	Casing Weight	Cement Class	# Sacks of Cement	Top of Cement	Top Determined by
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17. Intermediate								
18. Long string								
19. Liner								

20. Tubing size	21. Tubing depth	22. Injection tubing packer depth	23. Injection interval
			_____ to _____

24. Cement Squeeze Operations (List all)	Squeeze Interval (ft)	No. of Sacks	Top of Cement (ft)

25. Multiple Completion?	26. Downhole Water Separation?	NOTE: If the answer is "Yes" to Item 25 or 26, provide a Wellbore Sketch
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27. Fluid Type	28. Maximum daily injection volume for each fluid type (rate in bpd or mcf/d)	29. Estimated average daily injection volume for each fluid type (rate in bpd or mcf/d)

30. Maximum Surface Injection Pressure: for Liquid _____ psig for Gas _____ psig.