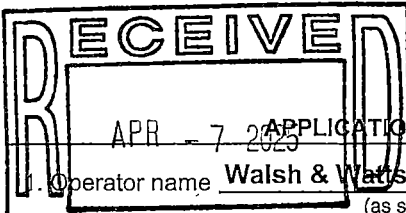


**RAILROAD COMMISSION OF TEXAS  
OIL AND GAS DIVISION**

**NOTICE OF  
APPLICATION**

**Form H-1**

05/2004  
MIL0205



**APPLICATION TO INJECT FLUID INTO A RESERVOIR PRODUCTIVE OF OIL OR GAS**

1. Operator name Walsh & Watts Inc. 2. Operator P-5 No. 895060  
(as shown on P-5, Organization Report)

3. Operator Address 155 Walsh Drive, Aledo, TX 76008

4. County Fisher 5. RRC District No. 7B

6. Field Name Judy Gail (Canyon Sand) 7. Field No. 47542250

8. Lease Name Cooper 9. Lease/Gas ID No. 28150

10. Check the Appropriate Boxes: New Project ☒ Amendment ☐

If amendment, Fluid Injection Project No. F- \_\_\_\_\_

Reason for Amendment: Add wells ☐ Add or change types of fluids ☐ Change pressure ☐

Change volume ☐ Change interval ☐ Other (explain) \_\_\_\_\_

**RESERVOIR DATA FOR A NEW PROJECT**

11. Name of Formation Canyon and Swastika 12. Lithology Sand  
(e.g., dolomite, limestone, sand, etc.)

13. Type of Trap Stratigraphic Trap 14. Type of Drive during Primary Production Solution Gas  
(anticline, fault trap, stratigraphic trap, etc.)

15. Average Pay Thickness Gross: 962' 16. Use/Unit Acreage 160 17. Current Bottom Hole Pressure (psig) ±200

18. Average Horizontal Permeability (mds) 30 19. Average Porosity (%) 12

**INJECTION PROJECT DATA**

20. No. of Injection Wells in this application 1

21. Type of Injection Project: Waterflood ☐ Pressure Maintenance ☐ Miscible Displacement ☐ Natural Gas Storage ☐  
Steam ☐ Thermal Recovery ☐ Disposal ☒ Other \_\_\_\_\_

22. If disposal, are fluids from leases other than the lease identified in Item 9? Yes ☒ No ☐

23. Is this application for a Commercial Disposal Well? Yes ☐ No ☒

24. If for commercial disposal, will non-hazardous oil and gas waste other than produced water be disposed? Yes ☐ No ☐

25. Type(s) of Injection Fluid:

Salt Water ☒ Brackish Water ☐ Fresh Water ☐ CO<sub>2</sub> ☐ N<sub>2</sub> ☐ Air ☐ H<sub>2</sub>S ☐ LPG ☐ NORM ☐

Natural Gas ☐ Polymer ☐ Other (explain) RCRA Exempt Waste (See Attached)

26. If water other than produced salt water will be injected, identify the source of each type of injection water by formation, or by aquifer and depths, or by name of surface water source:

**CERTIFICATE**

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 the data and facts stated therein are true, correct, and complete, to the best of my knowledge.

Signature

Owen W Windham

2-18-25

Date

Name of Person (type or print)

Vice President

Phone 817-546-4030

Fax \_\_\_\_\_

For Office Use Only

Register No.

Amount \$

See Reverse Side for Required Attachments

## INJECTION WELL DATA (attach to Form H-1)

1. Operator Name (as shown on P-5) <b>Walsh &amp; Watts, Inc.</b>					2. Operator P-5 No. <b>895060</b>			
3. Field Name <b>Judy Gail (Canyon Sand)</b>					4. Field No. <b>47542250</b>			
5. Current Lease Name <b>Cooper</b>					6. Lease/Gas ID No. <b>28150</b>			
7. Lease is <b>±5.0</b> miles in a <b>NW</b> direction from <b>Hamlin</b> (center of nearest town).								
8. Well No. <b>3</b>	9. API No. <b>151-32799</b>	10. UIC No.	11. Total Depth <b>4,680'</b>	12. Date Drilled <b>09/07/10</b>	13. Base of Usable Quality Water (ft)			
14. (a) Legal description of well location, including distance and direction from survey lines: <b>1,733' FEL &amp; 467' FNL, Sec. 192, Blk. 1, BBB&amp;C RR CO. / Bailey, C Survey, A-1617</b>								
(b) Latitude and Longitude of well location, if known (optional) Lat. <b>32.922783°</b> Long. <b>--100.200560° (NAD 83)</b>								
15. New Injection Well <input checked="" type="checkbox"/> or Injection Well Amendment <input type="checkbox"/>				Reason for Amendment: Pressure <input type="checkbox"/> Volume <input type="checkbox"/> Interval <input type="checkbox"/> Fluid Type <input type="checkbox"/>				
				Other (explain) _____				
Casing	Size	Setting Depth	Hole Size	Casing Weight	Cement Class	# Sacks of Cement	Top of Cement	Top Determined by
16. Surface	<b>8 5/8"</b>	<b>163'</b>	<b>12 1/4"</b>		<b>C</b>	<b>110</b>	<b>0</b>	<b>Circulation</b>
17. Intermediate								
18. Long string	<b>5 1/2"</b>	<b>4,679'</b>	<b>7 7/8"</b>		<b>H</b>	<b>1045</b>	<b>0'</b>	<b>Circulation</b>
19. Liner								
20. Tubing size <b>2 3/8"</b>	21. Tubing depth <b>3,638'</b>		22. Injection tubing packer depth <b>3,638'</b>		23. Injection interval <b>3,738'</b> to <b>4,700'</b>			
24. Cement Squeeze Operations (List all)			Squeeze Interval (ft)		No. of Sacks		Top of Cement (ft)	
25. Multiple Completion? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			26. Downhole Water Separation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		NOTE: If the answer is "Yes" to Item 25 or 26, provide a Wellbore Sketch			
27. Fluid Type <b>Produced Salt Water &amp; RCRA Exempt Waste</b>			28. Maximum daily injection volume for each fluid type (rate in bpd or mcf/d) <b>30,000 BPD</b>		29. Estimated average daily injection volume for each fluid type (rate in bpd or mcf/d) <b>10,000 BPD</b>			
30. Maximum Surface Injection Pressure: for Liquid <b>1,869</b> 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 <input type="checkbox"/> or Injection Well Amendment <input type="checkbox"/>				Reason for Amendment: Pressure <input type="checkbox"/> Volume <input type="checkbox"/> Interval <input type="checkbox"/> Fluid Type <input type="checkbox"/>				
				Other (explain) _____				
Casing	Size	Setting Depth	Hole Size	Casing Weight	Cement Class	# Sacks of Cement	Top of Cement	Top Determined by
16. Surface								
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? Yes <input type="checkbox"/> No <input type="checkbox"/>			26. Downhole Water Separation? Yes <input type="checkbox"/> No <input type="checkbox"/>		NOTE: If the answer is "Yes" to Item 25 or 26, provide a Wellbore Sketch			
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.								