

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

Form H-1
05/2004

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

1. Operator name FDL Operating LLC 2. Operator P-5 No. 263924
(as shown on P-5, Organization Report)

3. Operator Address 5221 N O'Conner Blvd, Ste 1100, Irving, TX 75039

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

6. Field Name Judy Gail East (Canyon) 7. Field No. 47543500

8. Lease Name Y6 9. Lease/Gas ID No. 17470

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 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 30' 16. Lse/Unit Acreage 528.75 17. Current Bottom Hole Pressure (psig) 450 est
18. Average Horizontal Permeability (mds) 20 19. Average Porosity (%) 16%

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 CO₂ N₂ Air H₂S LPG NORM
Natural Gas Polymer Other (explain) _____
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.

05/28/2020
Julia Ward
Signature
Julia Ward
Name of Person (type or print)
julie.ward5825@sbcglobal.net
Phone 713-202-8950 Fax _____
FILED FOR RECORD
AT 11 O'CLOCK A.M.
JUN 01 2020

For Office Use Only	Register No.	Amount \$
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See Reverse Side for Required Attachments

PAT THOMSON
COUNTY CLERK FISHER COUNTY, TEXAS
BY *[Signature]* DEPUTY