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U.S. Department of the Interior

Bureau of Safety and Environmental Enforcement (BSEE) Submit original plus two copies, with one copy marked "Public Information."

OMB Control Number 1014-0019 OMB Approval Expires 01/31/19

## WELL POTENTIAL TEST REPORT (WPT)

1. I ORIGINAL CORRECTION		4. LEASE NO. G00821				2. API NO. (with ( Code) 1771141				11. OPERATOR NAME and ADDRESS (Submitting Office) Cox Operating, LLC					
							50. RESE	RVOI	R NAME				Poydras ST		
Ship Shoal		NAME SS 183 18			3	A1 Str	A1 Stray Sand			New Orleans, LA. 70112					
88. TYPE OF REQUE	ST	89. ATTA		12 200			PD NO.			OPER	ATO	R NO.	43. DATE OF F	IRST PRODUCTION	
		§§ 250.1151(a) and 250.116				7			V1510			6/23/2019			
REWORK						9. UNIT NO.			90. RESERVOIR CLA			ASSIFICATION			
	ON	STRUCTURE MAP				N/A									
REESTABLISH	-						14/51		07			-			
	and the second					Table Principal	WEL	_	-		_	ter material			
						94. TYPE OF WEI							OKE SIZE (Test)	97. PRETEST TIME	
6/23/2019								35							
98. CHOKE SIZE 99. SHUT-IN V   (Pretest) (Gas wells only)   35 1780			VELLHEAD PRES			JRE	100. FL	OWING	ING TUBING PRES			101. STATIC BHP(Omit on Public Info.Copy)			
102. LINE PRESSURE (Gas wells onl			)	103. TOP PER 4116			RFORAT	ED IN	TERVAL (md)	RVAL (md) 104.		BOTTOM PERFORATED INTERVAL (md) 61			
				TES		OD	UCTIO	N - 2	4 HOUR F	RAT	ES				
105. OIL (BOPD) 106. GAS (MC			FPD) 107. WATER (BWPD)				108.	108. API @ 14.73 PSI & (			Control of the second				
0 960			7					0			.594				
115. OTHER ACTIVE	CO	MPLETION	IS IN R	ESE	RVOIR	Conti	inue in R	emark	s or attach a	n add	lition	al she	et if necessary.	)	
	NO. WELL NAME			API WELL NO.				LE		V	WELL NAME		E API WELL NO.		
1.								5.							
2.								6		-					
3.				6			CIN	FO	RMAT	φ	N				
4.				2	UL			8.							
91. REQUESTED MAX	XIMU	IM PRODU	ICTION	RAT	E (MPR	(Re	quired or	nly for	Pacific and	Alask	a OC	CS Reg	gions.)		
26. CONTACT NAME										32. CONTACT E-MAIL ADDRESS					
Randy Guliuzo						504-6	503-	1344	344 r			rguliuzo@coxoil.com			
28. AUTHORIZING OF	FFIC	IAL (Type	or prin	t nar	ne)			29.	TITLE						
Rodney Dykes	0		~	)				Pr	esident &	CC	00				
30. AUTHORIZING SIGNATURE								31. DATE							
7,0	á	nyh	-St	a	0			10	/18/2021						
THIS SPACE FOR	RB	SEE USI	EONL	Y	REQ	UEST	ED MPR				JECT	TED (P	acific and Alas	ka OCS Regions)	
BSEE AUTHORIZING	GOF	FICIAL								E	FFEC	CTIVE	DATE		
										1					

16. REMARKS	EST REPORT (WPT)
	TODATION
	PUBLIC INFORMATION
	PODEIO
CERTIFICATION: Certi	fy that the information submitted is complete and accurate to the best of my knowledge. I understand that making t me to the criminal penalties of 18 U.S.C. $1001$
CERTIFICATION: / certi- alse statement may subject	fy that the information submitted is complete and accurate to the best of my knowledge. I understand that making t me to the criminal penalties of 18 U.S.C. 1001.
CERTIFICATION: Certinalse statement may subject Name and Title:	fy that the information submitted is complete and accurate to the best of my knowledge. I understand that making the criminal penalties of 18 U.S.C. 1001.
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Name and Titfe:	Date:
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Name and Titfe: PAPERWORK REDUCTIOn his information is collected ease, and field producing Responses are mandatory verson is not required to re	Date:
Name and Titfe: PAPERWORK REDUCTIOn his information is collected ease, and field producing Responses are mandatory verson is not required to re- his form is estimated to av	Date:

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