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 |
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| 1.Operator name Clear Fork, Incorporated 2. Operator P-5 No. 159500 (as shown on P-5, Organization Report) |
| 3.Operator Address P O Box 3095 Abilene, TX 79604 |
| 4. County Fisher 5. RRC District No. 7B |
| 6. Field Name Bridjourner 7. Field No. 11925500 |
| 8. Lease Name Zion SWD 9. Lease/Gas ID No. N/A |
| 10. Check the Appropriate Boxes: New Project ☒ Amendment ☐ |
| If amendment, Fluid Injection Project No. F |
| Reason for Amendment: Add wells \square Add or change types of fluids \square Change pressure \square |
| Change volume Change interval Other (explain) |
| RESERVOIR DATA FOR A NEW PROJECT |
| 11. Name of Formation Ellenburger 12. Lithology Dolomite |
| (e.g., dolomite, limestone, sand, etc.) 13. Type of Trap Stratigraphic 14. Type of Drive during Primary Production Water (anticline, fault trap, stratigraphic trap, etc.) |
| 15. Average Pay Thickness 100' 16. Lse/Unit Acreage 240 17. Current Bottom Hole Pressure (psig) 2,200 |
| 18. Average Horizontal Permeability (mds) <u>U/K</u> 19. Average Porosity (%) 6% |
| INJECTION PROJECT DATA |
| 20. No. of Injection Wells in this application $\underline{1}$ |
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| 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? |
| 24. If for commercial disposal, will non-hazardous oil and gas waste other than produced water be disposed? Yes No No |
| 25. Type(s) of Injection Fluid: |
| Salt Water ☑ Brackish Water ☐ Fresh Water ☐ CO₂ ☐ N₂ ☐ Air ☐ H₂S ☐ LPG ☐ NORM ☐ |
| Natural Gas — Polymer |
| 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: |
| |
| FILED FORERCORD 309/03/2019 |
| Adeclare ander penalties prescribed in Sec. 91143 Texas Natural Signature Date |
| Resources code, that if am authorized to make this report, that this report was prepared by me or under my subevision and direction. Resources code, that if am authorized to make this report was prepared by me or under my subevision and direction. |
| and that the data and facts stated therein are true, correct, and |
| complete, to the best of my knowledge. Phone 512-799-4057 Fax 866-779-7192 |
| For Office Use Only INOMSON Register No. Amount S |
| COUNTY CHARK FISHER COUNTY TEVAS |