

**RAILROAD COMMISSION OF TEXAS
Oil and Gas Division**

Form H-5

06/03/85


READ INSTRUCTIONS ON BACK

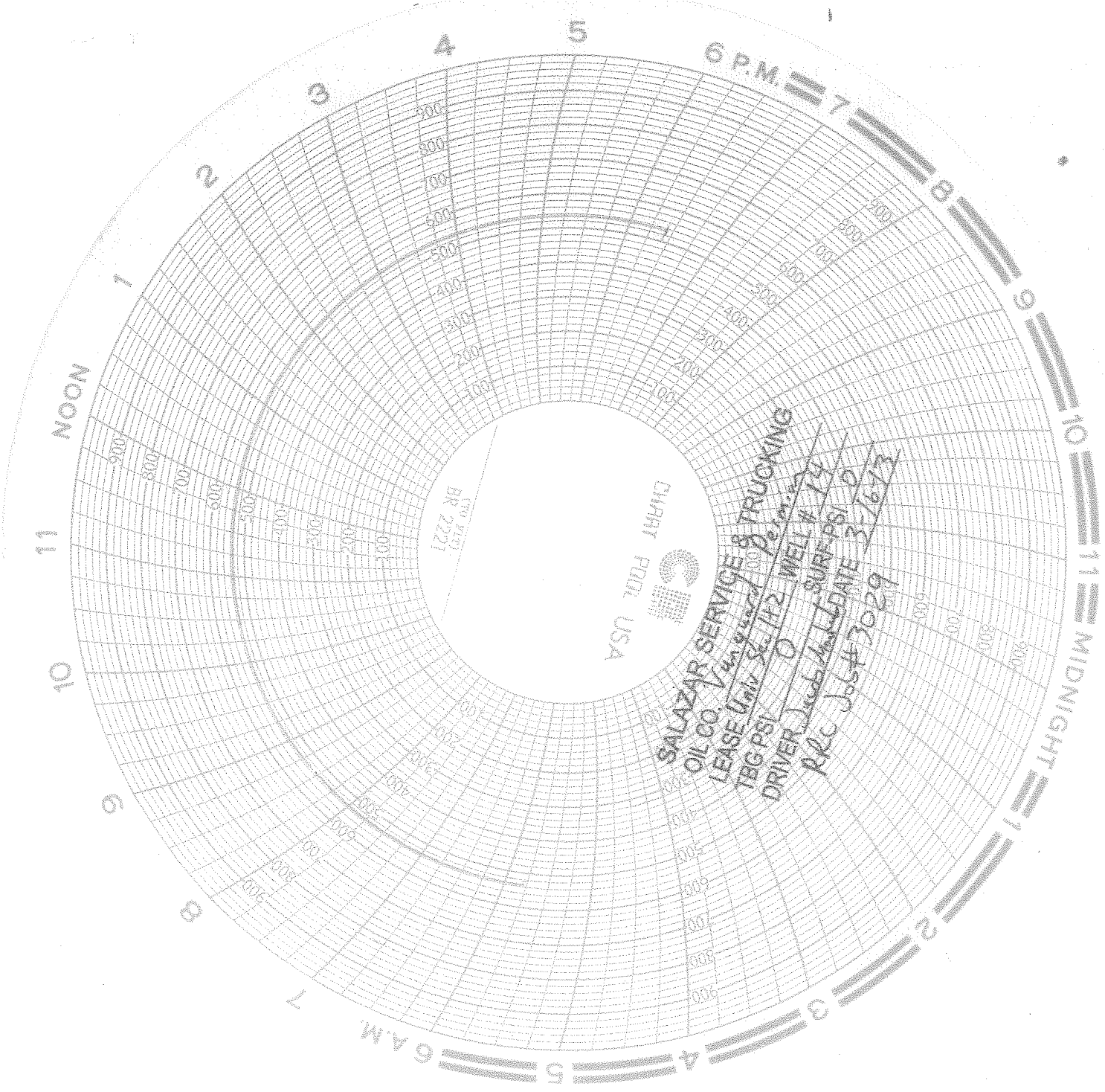
PLEASE TYPE OR PRINT

Disposal/Injection Well
Pressure Test Report

UIC CONTROL NO.

Type _____
FOR RRC USE ONLY

1. OPERATORS NAME VANGUARD PERMIAN LLC			2. RRC OPERATOR NO. 881579	
3. ADDRESS 5847 SAN FELIPE STE 3000 HOUSTON TX 77057			4. RRC DISTRICT NO. 08	
6. FIELD NAME (Exactly as shown on proration schedule) DUNE			7. FIELD NO. 26538001	
9. LEASE NAME TEXAS UNIVERSITY SEC. 1 & 2			10a. OIL LEASE NO. 20901	10b. GAS ID NO. 14W
12. REASON FOR TEST		13. DATE OF TEST	14. RETEST? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<input type="checkbox"/> Initial Test Prior to Injection <input type="checkbox"/> After Workover <input type="checkbox"/> Annual Test Required By Permit <input checked="" type="checkbox"/> Five-Year Test Required By Rule <input type="checkbox"/> Other (Specify) _____		03/16/2013	If YES, see Instruction No. 5	
		15. WELL COMPLETION	Size Depth set	
		Surface Casing	8 5/8 765'	
		Long String Casing	5 1/2 3433'	
		Tubing	2 3/8 3141'	
		16a. PACKER MAKE AND MODEL BAKER LOK SET	16b. DEPTH SET 3141'	
17. AUTHORIZED INJECTION PRESSURE (PSIG): 1500				
18a. PERMITTED INJECTION INTERVAL Top 3196' Bottom 3310'			18b. COMPLETED INJECTION INTERVAL Top 3196' Bottom 3310'	
19. TEST PRESSURE (PSIG) [see Instructions 4(c) and 4(d)]				
TIME		TUBING	CASING	SURFACE CSG
INITIAL		0	540	0
15 MINS		0	540	0
30 MINS		0	540	0
20. CHARACTERISTICS OF INJECTION FLUID [See Instruction 4(e)] PRODUCED SALT WATER				
21. CHARACTERISTICS OF ANNULUS FLUID [See Instruction 4(e) and 4(f)] PACKER FLUID				
22. TEST WITNESSED BY RRC? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If NO, see Instruction 4(a) If YES, Name of RRC Representative _____			23. WERE OTHER TESTS/SURVEYS PERFORMED AT THIS TIME? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. If YES, List: RECEIVED RRC OF TEXAS	
24. OPERATOR COMMENTS ON TEST (attach separate sheet if necessary) <u>Job # 3029</u> MAR 26 2013 O&G Midland				
25. WELL STATUS: <input checked="" type="checkbox"/> Active <input type="checkbox"/> Temporarily Abandoned <input type="checkbox"/> Other (Specify) _____				
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 data and facts stated herein are true, correct and complete, to the best of my knowledge.				
			 Signature	
VICKIE TOMPKINS			OFFICE MANAGER	
Name of Person (type or print)			Title	
Telephone No. 432-362-2209			Date 03/21/2013	



RECEIVED
RRC OF TEXAS

MAR 26 2013

O&G
Midland