

# 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 <b>VANGUARD OPERATING LLC</b>				2. RRC OPERATOR NO. <b>881585</b>			
3. ADDRESS				4. RRC DISTRICT NO.			
				5. COUNTY			
6. FIELD NAME (Exactly as shown on proration schedule) <b>DUNE</b>			7. FIELD NO.		8. API NO.		
9. LEASE NAME <b>TEXAS UNIVERSITY SEC. 1 &amp; 2</b>			10a. OIL LEASE NO. <b>20901</b>		10b. GAS ID NO.		11. WELL NO.
12. REASON FOR TEST  <input type="checkbox"/> Initial Test Prior to Injection <input type="checkbox"/> After Workover <input type="checkbox"/> Annual Test Required By Permit <input type="checkbox"/> Five-Year Test Required By Rule <input type="checkbox"/> Other (Specify) _____			13. DATE OF TEST		14. RETEST? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, see Instruction No. 5		
			15. WELL COMPLETION <div style="display: flex; justify-content: space-between;"> <span>Size</span> <span>Depth set</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Surface Casing</span> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Long String Casing</span> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Tubing</span> <span>_____</span> <span>_____</span> </div>				
			16a. PACKER MAKE AND MODEL		16b. DEPTH SET		
			17. AUTHORIZED INJECTION PRESSURE (PSIG): _____				
18a. PERMITTED INJECTION INTERVAL Top <b>3179'</b> Bottom <b>3302'</b>				18b. COMPLETED INJECTION INTERVAL Top <b>3192'</b> Bottom <b>3302'</b>			
19. TEST PRESSURE (PSIG) [see Instructions 4(c) and 4(d)]							
TIME	TUBING	CASING	SURFACE CSG	TIME	TUBING	CASING	SURFACE CSG
INITIAL	_____	_____	_____	_____	_____	_____	_____
15 MINS	_____	_____	_____	_____	_____	_____	_____
30 MINS	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
20. CHARACTERISTICS OF INJECTION FLUID [See Instruction 4(e)]				21. CHARACTERISTICS OF ANNULUS FLUID [See Instruction 4(e) and 4(f)]			
_____				_____			
_____				_____			
22. TEST WITNESSED BY RRC? <input type="checkbox"/> YES <input 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 type="checkbox"/> NO. If YES. List:			
24. OPERATOR COMMENTS ON TEST (attach separate sheet if necessary)							
_____							
25. WELL STATUS: <input type="checkbox"/> Active <input type="checkbox"/> Temporarily Abandoned <input type="checkbox"/> Other (Specify) _____							
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p style="text-align: center;">Certificate:</p> <p>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.</p> </div> <div style="width: 55%;"> <p style="text-align: center;">Signature _____</p> <p style="text-align: center;">Name of Person (type or print) _____</p> <p style="text-align: center;">Telephone No. <b>432-362-2209</b> Date _____</p> </div> </div>							