

Submit 1 Copy To Appropriate District
Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

OIL CONSERVATION DIVISION
1220 South St. Francis
Santa Fe, NM 87505

WELL API NO. 30-025-37612
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Adobe State
8. Well Number 5
9. OGRID Number 258350
10. Pool name or Wildcat Eunice; San Andres, Southwest

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK INTO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator
VANGUARD OPERATING, LLC

3. Address of Operator
5847 SAN FELIPE, STE. 3000, HOUSTON, TEXAS, 77057

4. Well Location
Unit Letter L : 1,650 feet from the SOUTH line and 990 feet from the WEST line
Section 17 Township 22S Range 37E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3,393' GL

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data *✓pm.*

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: Temporary Abandon (TA) and Conduct MIT ☒

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Vanguard Operating, LLC has temporarily abandoned this well. A CIBP was set @ 3,698' and capped with 35' of cmt with a bailer. (top perf @ 3,748'). An MIT was performed on 03/11/2019. Rick Rickman with OCD was present during the MIT. The casing was pressure tested to 580 psig and held for 30 minutes. A copy of the chart is attached to this sundry. Well TA'd.

This Approval of TA EXPIRES: 3/11/22
FINAL TA STATUS EXTENSION -
Well needs to be PLUGGED or RETURNED to PRODUCTION
BY THE DATE STATED ABOVE: X 7

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE Operations Engineer DATE 03/28/2019

Type or print name Kyle Zimmermann E-mail address: kzimmerman@vnreenergy.com PHONE: 432-202-0145

For State Use Only

APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 4-22-19
Conditions of Approval (if any):

HOBBS OCD

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

APR 10 2019

BRADENHEAD TEST REPORT

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Operator Name VANGUARD OPERATING, LLC		API Number 30-025-37612-00-00	
Property Name ADOBE STATE		Well No. 005	

7. Surface Location

UL - Lot L	Section 17	Township 22-S	Range 37-E	Feet from 1650	N/S Line S	Feet From 990	E/W Line W	County LEA
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Well Status

TA'D Well <input checked="" type="radio"/> YES <input type="radio"/> NO	SHUT-IN <input checked="" type="radio"/> YES <input type="radio"/> NO	INJECTOR INJ SWD	PRODUCER <input checked="" type="radio"/> OIL <input type="radio"/> GAS	DATE 3/11/19
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OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Flow Characteristics					
Puff	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	CO2 <input type="checkbox"/>
Steady Flow	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	WIR <input type="checkbox"/>
Surges	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	If applicable type
Gas or Oil	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	fluid injected for
Water	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Waterflood

Remarks: Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Signature:		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS	
Title:		Re-test K7	
E-mail Address:			
Date: 3-11-19	Phone:		
Witness: Rick Rickman			

RECEIVED

