

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD Hobbs

FORM APPROVED  
OMB NO. 1004-0137  
Expires: October 31, 2014

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

HOBBS OCD

DEC 12 2014

RECEIVED

1a. Type of Well  Oil Well  Gas Well  Dry  Other  
 b. Type of Completion:  New Well  Work Over  Deepen  Plug Back  Diff. Resvr.,  
 Other: \_\_\_\_\_

5. Lease Serial No.  
LC 0325738

6. If Indian, Allottee or Tribe Name

7. Unit or CA Agreement Name and No.  
ELLIOTT B-17 FEDERAL

8. Lease Name and Well No.  
9

2. Name of Operator  
VANGUARD PERMIAN LLC

3. Address 1209 SOUTH MAIN, LOVINGTON, NM 88260  
 3a. Phone No. (include area code) 575-393-2727

9. API Well No.  
30-025-38010

4. Location of Well (Report location clearly and in accordance with Federal requirements)\*  
 At surface UNIT A 910N & 990/E

10. Field and Pool or Exploratory  
PENROSE SKELLY GRAYBURG

11. Sec., T., R., M., on Block and Survey or Area  
17-22-37

At top prod. interval reported below  
 At total depth

12. County or Parish LEA  
 13. State NM

14. Date Spudded 09/04/2013  
 15. Date T.D. Reached  
 16. Date Completed 11/10/2013  
 D & A  Ready to Prod.

17. Elevations (DF, RKB, RT, GL)\*  
3396 GL

18. Total Depth: MD 4300 TVD  
 19. Plug Back T.D.: MD 3780 TVD  
 20. Depth Bridge Plug Set: MD 3780 TVD

21. Type Electric & Other Mechanical Logs Run (Submit copy of each)  
 22. Was well cored?  No  Yes (Submit analysis)  
 Was DST run?  No  Yes (Submit report)  
 Directional Survey?  No  Yes (Submit copy)

23. Casing and Liner Record (Report all strings set in well)

Hole Size	Size/Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sks. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) GRAYBURG	3658	3730	3658-3662, 3674-3880			
B)			3704-3712, 3724-3730			
C)						
D)						

27. Acid, Fracture, Treatment, Cement Squeeze, etc.

Depth Interval	Amount and Type of Material
3658-3730	4000 GALS 15% NEFE ACID

28. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
11-10-13			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
			→	4	20	0			

28a. Production - Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
			→						

ACCEPTED FOR RECORD

DEC 8 2014

*[Signature]*

BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

\*(See instructions and spaces for additional data on page 2)

28b. Production - Interval C

Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate →	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	

28c. Production - Interval D

Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate →	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	

29. Disposition of Gas (Solid, used for fuel, vented, etc.)

30. Summary of Porous Zones (Include Aquifers):

Show all important zones of porosity and contents thereof. Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

31. Formation (Log) Markers

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top
					Meas. Depth

32. Additional remarks (include plugging procedure):

33. Indicate which items have been attached by placing a check in the appropriate boxes:

- Electrical/Mechanical Logs (1 full set req'd.)     
  Geologic Report     
  DST Report     
  Directional Survey  
 Sundry Notice for plugging and cement verification     
  Core Analysis     
  Other:

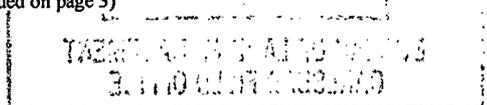
34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions)\*

Name (please print) GAYE HEARD      Title AGENT  
 Signature *Gaye Heard*      Date 02/07/2014

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

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(Form 3160-4, page 2)



*Handwritten marks and scribbles at the bottom left of the page.*