

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

HOBBS OCD

AUG 24 2017

RECEIVED

BRADENHEAD TEST REPORT

Operator Name VANGUARD OPERATING, LLC		API Number 30-025-38078-0000
Property Name CHRISTMAS 28		Well No. 001

7. Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
E	28	22-S	37-E	1650	N	330	W	LEA

Well Status

TA'D Well	SHUT-IN	INJECTOR	PRODUCER	DATE
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INJ <input type="checkbox"/> SWD <input type="checkbox"/>	<input checked="" type="checkbox"/> OIL <input type="checkbox"/> GAS	7-5-17

OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	6	0	—	20	200
Flow Characteristics					
Puff	Y/ <input checked="" type="checkbox"/> N	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/N	CO2 _____
Steady Flow	Y/ <input checked="" type="checkbox"/> N	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/N	WTR _____
Surges	Y/ <input checked="" type="checkbox"/> N	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/N	GAS _____
Down to nothing	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N	Y/N	Y/N	If applicable type
Gas or Oil	Y/ <input checked="" type="checkbox"/> N	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/N	fluid injected for
Water	Y/ <input checked="" type="checkbox"/> N	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/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
E-mail Address:	
Date: 7-5-17	
Phone:	
Witness: KERRY FORTNER-OCD 575-399-3221	