

District I
 1625 N. French Dr., Hobbs, NM 88240
 Phone: (575) 393-6161 Fax: (575) 393-0720

HOBBS OCD
SEP 14 2016
RECEIVED

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

BRADENHEAD TEST REPORT

| | |
|--------------------------------------|-----------------------------------|
| Operator Name <i>Van Guard</i> | API Number <i>30-025-38264</i> |
| Property Name <i>Christmas 28</i> | Well No. <i>2</i> |

7. Surface Location

| | | | | | | | | |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL - Lot <i>L</i> | Section <i>28</i> | Township <i>22S</i> | Range <i>37E</i> | Feet from <i>2310</i> | N/S Line <i>S</i> | Feet From <i>330</i> | E/W Line <i>W</i> | County <i>Lea</i> |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|-------------------------|----------------------|----------------------|

Well Status

| | | | | |
|--|--|--|--|------------------------|
| TA'D WELL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | SHUT-IN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | INJ <input type="checkbox"/> INJ <input type="checkbox"/> SWD | PRODUCER <input checked="" type="checkbox"/> OIL <input type="checkbox"/> GAS | DATE <i>9/13/16</i> |
|--|--|--|--|------------------------|

OBSERVED DATA

| | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csing | (E)Tubing |
|----------------------|--|--------------|--------------|---------------|---------------|
| Pressure | <i>0</i> | <i>n/a</i> | <i>n/a</i> | <i>40</i> | <i>110</i> |
| Flow Characteristics | | | | | |
| Puff | <i>Y / <input checked="" type="checkbox"/></i> | <i>Y / N</i> | <i>Y / N</i> | <i>Y / N</i> | CO2 ___ |
| Steady Flow | <i>Y / <input checked="" type="checkbox"/></i> | <i>Y / N</i> | <i>Y / N</i> | <i>Y / N</i> | WTR ___ |
| Surges | <i>Y / <input checked="" type="checkbox"/></i> | <i>Y / N</i> | <i>Y / N</i> | <i>Y / N</i> | GAS ___ |
| Down to nothing | <i><input checked="" type="checkbox"/> / N</i> | <i>Y / N</i> | <i>Y / N</i> | <i>Y / N</i> | Type of Fluid |
| Gas or Oil | <i>Y / <input checked="" type="checkbox"/></i> | <i>Y / N</i> | <i>Y / N</i> | <i>Y / N</i> | Injected for |
| Water | <i>Y / <input checked="" type="checkbox"/></i> | <i>Y / N</i> | <i>Y / N</i> | <i>Y / N</i> | Waterflood if |
| | | | | | applies |

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: | <i>J.T</i> | Entered into RBDMS |
| Title: | <i>[Signature]</i> | Re-test <i>[Signature]</i> |
| E-mail Address: | | |
| Date: | Phone: | |
| | Witness: | |