

OCT 09 2014

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Vanguard Permian</i>	API Number <i>30-025-10337</i>
Property Name <i>State C</i>	Well No. <i>1</i>

7. Surface Location

Lot <i>F</i>	Section <i>19</i>	Township <i>22S</i>	Range <i>37E</i>	Feet from <i>5</i>	N/S Line <i>1980</i>	Feet From <i>W</i>	E/W Line <i>1980</i>	County <i>LEA</i>
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Well Status

TA'D WELL YES	SHUT-IN YES	INJECTOR INJ	PRODUCER OIL	DATE <i>10-9-14</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>Ø</i>			<i>45</i>	<i>100</i>
Flow Characteristics					
Puff	<i>Y/Ø</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 ___
Steady Flow	<i>Y/Ø</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR ___
Surges	<i>Y/Ø</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS ___
Down to nothing	<i>Ø/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid
Gas or Oil	<i>Y/Ø</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Injected for
Water	<i>Y/Ø</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.

No pressure or fluid

Will replace sign with API number

BB 10/10/2014

Signature: <i>Michael Carroll</i>	OIL CONSERVATION DIVISION
Printed name: <i>Michael Carroll</i>	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>10-9-14</i>	Phone: <i>432-296-0036</i>
Witness:	

OCT 14 2014