

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

AUG 20 2015

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Vanguard</i>	API Number <i>30-025-10333</i>
Property Name <i>Elliott B Fed.</i>	Well No. <i>6</i>

7. Surface Location

UL - Lot <i>A</i>	Section <i>17</i>	Township <i>22S</i>	Range <i>37E</i>	Feet from <i>6600</i>	N/S Line <i>N</i>	Feet From <i>6600</i>	E/W Line <i>E</i>	County <i>LRA</i>
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Well Status

TA'D WELL YES ☒ NO	SHUT-IN YES ☒ NO	INJECTOR INJ ☒ SWD	PRODUCER OIL ☒ GAS	DATE <i>8/10/15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>φ</i>	<i>N/A</i>	<i>N/A</i>	<i>40</i>	<i>45</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 ☐
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR ☐
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS ☐
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Injected for
Water	<i>Y/N</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:	<i>B.S. 8/29/2015</i>	OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test
E-mail Address:		
Date: <i>8/10/15</i>	Phone:	
Witness: <i>John Bow</i>		

INSTRUCTIONS ON BACK OF THIS FORM

SEP 01 2015