

AUG 20 2015

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>VANGUARD</i>		API Number <i>30-025-34850⁶</i>	
Property Name <i>Cole St</i>		Well No. <i>8</i>	

7. Surface Location

UL Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>6</i>	<i>14</i>	<i>22S</i>	<i>37E</i>	<i>2240</i>	<i>N</i>	<i>2310</i>	<i>E</i>	<i>LEA</i>

Well Status

TA'D WELL YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	SHUT-IN YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	INJECTOR INJ <input type="checkbox"/>	SWD <input type="checkbox"/>	PRODUCER <input checked="" type="checkbox"/>	GAS <input type="checkbox"/>	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	\emptyset	<i>N/A</i>	<i>N/A</i>	<i>40</i>	<i>60</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <input type="checkbox"/>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <input type="checkbox"/>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <input type="checkbox"/>
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.

BS 8/29/2015

Signature:		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test
E-mail Address:		
Date: <i>8/10/15</i>	Phone:	
	Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM

SEP 01 2015