

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>30-025-37400</i>	
Property Name <i>Cole ST</i>		Well No. <i>19</i>	

7. Surface Location

UL - Lot <i>G</i>	Section <i>16</i>	Township <i>22S</i>	Range <i>37E</i>	Feet from <i>1650</i>	N/S Line <i>N</i>	Feet From <i>1800</i>	E/W Line <i>E</i>	County <i>Lea</i>
----------------------	----------------------	------------------------	---------------------	--------------------------	----------------------	--------------------------	----------------------	----------------------

Well Status

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

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>150</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.

Signature:		<i>BS 8/29/2015</i>	
Printed name:		OIL CONSERVATION DIVISION	
Title:		Entered into RBDMS	
E-mail Address:		Re-test	
Date: <i>8/10/15</i>	Phone:		
Witness: <i>[Signature]</i>			

INSTRUCTIONS ON BACK OF THIS FORM

SEP 01 2015