

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>30-025-37690</i>
Property Name <i>Adobe St.</i>	Well No. <i>4</i>

7. Surface Location

UL - Lot <i>4</i>	Section <i>17</i>	Township <i>22S</i>	Range <i>37E</i>	Feet from <i>2310</i>	N/S Line <i>S</i>	Feet From <i>740</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES	NO	SHUT-IN YES	NO	INJ NO	INJECTOR 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>0</i>	<i>21A</i>	<i>21A</i>	<i>40</i>	<i>100</i>
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	Y / N	CO2
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR
Surges	Y / N	Y / N	Y / N	Y / N	GAS
Down to nothing	Y / N	Y / N	Y / N	Y / N	Type of Fluid
Gas or Oil	Y / N	Y / N	Y / N	Y / N	Injected for
Water	Y / N	Y / N	Y / N	Y / N	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>James Gowan</i>	

INSTRUCTIONS ON BACK OF THIS FORM

SEP 01 2015