

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>30-025-37796</i>
Property Name <i>CHRISTMAS</i>	Well No. <i>2</i>

7. Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>I</i>	<i>17</i>	<i>22N</i>	<i>37E</i>	<i>160</i>	<i>S</i>	<i>817</i>	<i>E</i>	<i>LEA</i>

Well Status

TA'D WELL YES <i>NO</i>	SHUT-IN YES <i>NO</i>	INJECTOR INJ	SWD	PRODUCER <i>OIL</i>	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>N/A</i>	<i>N/A</i>	<i>40</i>	<i>50</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>B8 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>John Bow</i>	

INSTRUCTIONS ON BACK OF THIS FORM

SEP 01 2015