

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 Operating</i>	API Number <i>30-025-38826</i>
Property Name <i>CHRISTMAS 28</i>	Well No. <i>3</i>

7. Surface Location

UL - Lot <i>m</i>	Section <i>28</i>	Township <i>22</i>	Range <i>37</i>	Feet from <i>990</i>	N/S Line <i>S</i>	Feet From <i>330</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES	SHUT-IN YES	INJ NO	INJECTOR NO	SWD NO	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>N/A</i>	<i>N/A</i>	<i>40</i>	<i>200</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>Russell Aske-Coff</i>	<i>BS 8/29/2015</i>
Printed name: <i>RUSSELL ASKE-COFF</i>	OIL CONSERVATION DIVISION
Title: <i>FORMAN</i>	Entered into RBDMS
E-mail Address:	Re-test
Date: <i>8/20/15</i>	
Phone: <i>8/10/15</i>	
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM

SEP 01 1