

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

AUG 20 2015

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <b>VANGUARD</b>		API Number <b>300 238078 0000</b>	
Property Name <b>CHRISTMAS 28 #1</b>		Well No. <b>#1</b>	

Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<b>E</b>	<b>28</b>	<b>22S</b>	<b>37E</b>	<b>1650</b>	<b>N</b>	<b>330</b>	<b>W</b>	<b>LTA</b>

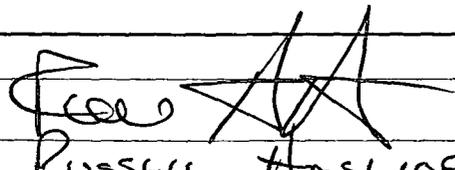
Well Status

TA'D WELL YES	<b>NO</b>	SHUT-IN YES	<b>NO</b>	INJ	INJECTOR SWD	<b>OIL</b>	PRODUCER <b>GAS</b>	DATE <b>8/11/15</b>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csgng	(E)Tubing
Pressure				<b>90</b>	<b>100</b>
<u>Flow Characteristics</u>					
Puff	Y/ <b>N</b>	Y/N	Y/N	Y/N	CO2 <u>  </u>
Steady Flow	Y/ <b>N</b>	Y/N	Y/N	Y/N	WTR <u>  </u>
Surges	Y/ <b>N</b>	Y/N	Y/N	Y/N	GAS <u>  </u>
Down to nothing	<b>Y</b> /N	Y/N	Y/N	Y/N	Type of Fluid
Gas or Oil	Y/ <b>N</b>	Y/N	Y/N	Y/N	Injected for
Water	Y/ <b>N</b>	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: 	<b>BB 8/29/2015</b>
Printed name: <b>RUSSELL H. ST. LOUIS</b>	OIL CONSERVATION DIVISION
Title: <b>FORMAN</b>	Entered into RBDMS
E-mail Address:	Re-test
Date:	
Phone:	
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

SEP 02 2015

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