

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

BRADENHEAD TEST REPORT

Operator Name VANGUARD		API Number 30-025-05249	
Property Name Mexico F		Well No. 4	

Surface Location

UL - Lot D	Section Q	Township 15S	Range 37E	Feet from 660	N/S Line N	Feet From 660	E/W Line W	County Lea
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Well Status

TA'D WELL YES <input type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN YES <input type="radio"/> NO <input checked="" type="radio"/>	INJECTOR INJ <input type="radio"/> SWD <input checked="" type="radio"/>	OIL PRODUCER OIL <input type="radio"/> GAS <input type="radio"/>	DATE 11-10-15
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	Q	N/A	N/A	Q	Q
Flow Characteristics					
Puff	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	CO2 <input type="checkbox"/>
Steady Flow	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	WTR <input checked="" type="checkbox"/>
Surges	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="radio"/> Y / N	Y / N	Y / N	<input checked="" type="radio"/> Y / N	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	
Water	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

HOBBS OCD

RECEIVED

NOV 13 2015

NOV 13 2015

RECEIVED

HOBBS OCD

B8 11/13/15

Signature: Harvey A. - Pumper		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS GB	
Title:		Re-test	
E-mail Address:			
Date: 11/10/15	Phone:		
Witness: Don Bowe			

INSTRUCTIONS ON BACK OF THIS FORM

NOV 18 2015