

DEC 07 2015

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <u>VANGUARD</u>	API Number <u>30-025-03857</u>
Property Name <u>ST. E</u>	Well No. <u>21</u>

Surface Location

UL - Lot <u>B</u>	Section <u>2</u>	Township <u>17S</u>	Range <u>36E</u>	Feet from <u>660</u>	N/S Line <u>N</u>	Feet from <u>1650</u>	E/W Line <u>E</u>	County <u>Lea</u>
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Well Status

TA'D WELL YES	SHUT-IN YES	INJECTOR INJ	PRODUCER OIL	GAS	DATE <u>11/10/15</u>
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csg	(E) Tubing
Pressure	<u>Ø</u>	<u>N/A</u>	<u>N/A</u>	<u>Ø</u>	<u>Ø</u>
Flow Characteristics					
Pull	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	CO2 <u>—</u>
Steady Flow	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	WTR <u>X</u>
Surges	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	GAS <u>—</u>
Down to nothing	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	
Water	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	

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

Signature:	<u>BS 12/19/15</u>	OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS <u>UB</u>
Title:		Re-test
E-mail Address:		
Date: <u>11/10/15</u>	Phone:	
	Witness: <u>Stacy Lowe</u>	

INSTRUCTIONS ON BACK OF THIS FORM

DEC 11 2015