

DEC 07 2015

RECEIVED 24357

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

BRADENHEAD TEST REPORT

Operator Name <u>VANGUARD</u>		*API Number <u>30-025-24357</u>	
Property Name <u>ST. E</u>		Well No. <u>23</u>	

7. Surface Location

UL - Lot <u>D</u>	Section <u>1</u>	Township <u>17S</u>	Range <u>36E</u>	Feet from <u>860</u>	N/S Line <u>N</u>	Feet From <u>790</u>	E/W Line <u>W</u>	County <u>Lea</u>
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Well Status

TA'D WELL YES	<u>NO</u>	SHUT-IN YES	<u>NO</u>	INJ INJECTOR	<u>SWD</u>	OIL PRODUCER	GAS	DATE <u>11/10/15</u>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csing	(E)Tubing
Pressure	<u>0</u>	<u>N/A</u>	<u>N/A</u>	<u>0</u>	<u>320</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
Gas or Oil	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	Injected for
Water	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	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:	<u>B8 12/9/15</u>
Printed name:	OIL CONSERVATION DIVISION
Title:	Entered into RBDMS <u>G-13</u>
E-mail Address:	Re-test
Date: <u>11/10/15</u>	Phone:
Witness: <u>[Signature]</u>	

INSTRUCTIONS ON BACK OF THIS FORM

DEC 11 2015