

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 <i>Vanguard</i>	API Number <i>30-025-35304</i>
Property Name <i>ST. A</i>	Well No. <i>6</i>

2. Surface Location

UL - Lot <i>B</i>	Section <i>32</i>	Township <i>18S</i>	Range <i>38E</i>	Feet from <i>990</i>	N/S Line <i>N</i>	Feet From <i>1817</i>	E/W Line <i>E</i>	County <i>LCA</i>
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Well Status

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

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	<i>0</i>	<i>N/A</i>	<i>N/A</i>	<i>30</i>	<i>30</i>
Flow Characteristics					
Pull	<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>BS 12/9/15</i>	OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS <i>KB</i>
Title:		Re-test
E-mail Address:		
Date: <i>11/10/15</i>	Phone:	
Witness: <i>George Lowe</i>		

INSTRUCTIONS ON BACK OF THIS FORM

DEC 11 2015