

SEP 14 2016

RECEIVED

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

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

BRADENHEAD TEST REPORT

Operator Name <i>Vanguard</i>	API Number <i>30-025-10323</i>
Property Name <i>Cole State</i>	Well No. <i>3</i>

Surface Location

UL - Lot <i>C</i>	Section <i>16</i>	Township <i>22S</i>	Range <i>37E</i>	Feet from <i>660</i>	N/S Line <i>N</i>	Feet From <i>1980</i>	E/W Line <i>W</i>	County <i>Lea</i>
----------------------	----------------------	------------------------	---------------------	-------------------------	----------------------	--------------------------	----------------------	----------------------

Well Status

TA'D WELL <i>YES</i>	<input checked="" type="radio"/> YES <input type="radio"/> NO	SHUT-IN <i>NO</i>	<input type="radio"/> YES <input checked="" type="radio"/> NO	INJ	INJECTOR <i>NO</i>	SWD	<input checked="" type="radio"/> OIL <input type="radio"/> GAS	PRODUCER <i>NO</i>	DATE <i>9/13/16</i>
-------------------------	---	----------------------	---	-----	-----------------------	-----	--	-----------------------	------------------------

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csgng	(E)Tubing
Pressure	<i>0</i>	<i>NA</i>	<i>NA</i>	<i>20</i>	<i>40</i>
Flow Characteristics					
Puff	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	CO2 <input type="checkbox"/>
Steady Flow	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	WTR <input type="checkbox"/>
Surges	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	GAS <input type="checkbox"/>
Down to nothing	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	Type of Fluid Injected for Waterflood if applies
Gas or Oil	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	
Water	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	

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

Signature:		OIL CONSERVATION DIVISION
Printed name: <i>J.T</i>		Entered into RBDMS
Title:		Re-test
E-mail Address:		<i>[Signature]</i>
Date:	Phone:	
	Witness:	