

SEP 14 2016

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

RECEIVED

## BRADENHEAD TEST REPORT

|                                  |                                   |
|----------------------------------|-----------------------------------|
| Operator Name<br><u>Vanguard</u> | API Number<br><u>30-025-10339</u> |
| Property Name<br><u>FED</u>      | Well No.<br><u>1</u>              |

## 7. Surface Location

|                      |                      |                       |                    |                          |                      |                          |                      |                      |
|----------------------|----------------------|-----------------------|--------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot<br><u>5</u> | Section<br><u>17</u> | Township<br><u>22</u> | Range<br><u>37</u> | Feet from<br><u>1650</u> | N/S Line<br><u>N</u> | Feet From<br><u>1650</u> | E/W Line<br><u>E</u> | County<br><u>LEA</u> |
|----------------------|----------------------|-----------------------|--------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|

## Well Status

|                         |                      |                  |                       |                  |                        |                  |                        |
|-------------------------|----------------------|------------------|-----------------------|------------------|------------------------|------------------|------------------------|
| TA'D WELL<br><u>YES</u> | SHUT-IN<br><u>NO</u> | INJ<br><u>NO</u> | INJECTOR<br><u>NO</u> | SWD<br><u>NO</u> | PRODUCER<br><u>OIL</u> | GAS<br><u>NO</u> | DATE<br><u>3/20/10</u> |
|-------------------------|----------------------|------------------|-----------------------|------------------|------------------------|------------------|------------------------|

## OBSERVED DATA

|                      | (A)Surface   | (B)Interm(1) | (C)Interm(2) | (D)Prod Csgng | (E)Tubing                                                 |
|----------------------|--------------|--------------|--------------|---------------|-----------------------------------------------------------|
| Pressure             | <u>Ø</u>     | <u>N/A</u>   | <u>N/A</u>   | <u>60</u>     | <u>70</u>                                                 |
| Flow Characteristics |              |              |              |               |                                                           |
| Puff                 | <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>  </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<br>Injected for<br>Waterflood if<br>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:                |          | OIL CONSERVATION DIVISION |  |
| Printed name: <u>J.T.</u> |          | Entered into RBDMS        |  |
| Title:                    |          | Re-test                   |  |
| E-mail Address:           |          |                           |  |
| Date:                     | Phone:   |                           |  |
|                           | Witness: |                           |  |

INSTRUCTIONS ON BACK OF THIS FORM