

HOBBS OCD

SEP 14 2016

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>300 253 7355</u>	
Property Name <u>N.M. M. ST.</u>		Well No. <u>51</u>	

7. Surface Location

UL - Lot <u>1</u>	Section <u>18</u>	Township <u>22S</u>	Range <u>37E</u>	Feet from <u>2310</u>	N/S Line <u>S</u>	Feet From <u>990</u>	E/W Line <u>E</u>	County <u>LEA</u>
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Well Status

TA'D WELL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SHUT-IN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INJ <input type="checkbox"/> INJ	INJECTOR <input type="checkbox"/> SWD	PRODUCER <input checked="" type="checkbox"/> OIL <input type="checkbox"/> GAS	DATE <u>3/20/14</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>40</u>	<u>200</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
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:		OIL CONSERVATION DIVISION	
Printed name: <u>J.T.</u>		Entered into RBDMS	
Title:		Re-test <u> </u>	
E-mail Address:			
Date:	Phone:		
	Witness:		

INSTRUCTIONS ON BACK OF THIS FORM