

HOBBS OCD

AUG 24 2017

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

BRADENHEAD TEST REPORT

| | | |
|-----------------|---|--|
| RECEIVED | Operator Name VANGUARD OPERATING, LLC | API Number 30-025-35084-0000 |
| | Property Name BIMINI 13 State | Well No. 002 |

7. Surface Location

| | | | | | | | | |
|----------------------|----------------------|-------------------------|----------------------|--------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL - Lot L | Section 13 | Township 17-S | Range 35-E | Feet from 2310 | N/S Line S | Feet From 970 | E/W Line W | County LEA |
|----------------------|----------------------|-------------------------|----------------------|--------------------------|----------------------|-------------------------|----------------------|----------------------|

Well Status

| | | | | |
|-----------------------------------|---------------------------------|-----------------------------------|-----------------------------------|-----------------------|
| TA'D Well YES NO | SHUT-IN YES NO | INJECTOR INJ SWD | PRODUCER OIL GAS | DATE 8-4-17 |
|-----------------------------------|---------------------------------|-----------------------------------|-----------------------------------|-----------------------|

OBSERVED DATA

| | (A)Surf-Interm | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing |
|-----------------------------|----------------|--------------|--------------|--------------|--------------------|
| Pressure | 0 | — | — | 30 | 0 |
| Flow Characteristics | | | | | |
| Puff | Y / N | Y / N | Y / N | Y / N | CO2 _____ |
| Steady Flow | Y / N | Y / N | Y / N | Y / N | WTR _____ |
| Surges | Y / N | Y / N | Y / N | Y / N | GAS _____ |
| Down to nothing | Y / N | Y / N | Y / N | Y / N | If applicable type |
| Gas or Oil | Y / N | Y / N | Y / N | Y / N | fluid injected for |
| Water | Y / N | Y / N | Y / N | Y / N | Waterflood |

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: | | Entered into RBDMS |
| Title: | | Re-test |
| E-mail Address: | | |
| Date: 8-4-17 | Phone: | |
| Witness: KERRY FORTNER-OCD 575-399-3221 | | |