

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

OCT 10 2018

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Vanguard</i>	API Number <i>30-025-32045</i>
Property Name <i>Hounglass</i>	Well No. <i>1</i>

7. Surface Location

UL - Lot <i>m</i>	Section <i>10</i>	Township <i>18S</i>	Range <i>35E</i>	Feet from <i>990</i>	N/S Line <i>S</i>	Feet From <i>330</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES ☒ NO ☒	SHUT-IN YES ☒ NO ☒	INJ ☒	INJECTOR SWD ☒	PRODUCER OIL ☒ GAS ☐	DATE <i>10/10/18</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	<i>40</i>	<i>—</i>	<i>—</i>	<i>40</i>	<i>40</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:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test <i>ms</i>
E-mail Address:	
Date: <i>10/10/18</i>	Phone:
Witness: <i>Boone</i>	

INSTRUCTIONS ON BACK OF THIS FORM