

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

BRADENHEAD TEST REPORT

Operator Name <b>VANGUARD OPERATING, LLC</b>		API Number <b>30-025-37612-00-00</b>
Property Name <b>ADOBE STATE</b>		Well No. <b>005</b>

7. Surface Location

UL - Lot <b>L</b>	Section <b>17</b>	Township <b>22-S</b>	Range <b>37-E</b>	Feet from <b>1650</b>	N/S Line <b>S</b>	Feet From <b>990</b>	E/W Line <b>W</b>	County <b>LEA</b>
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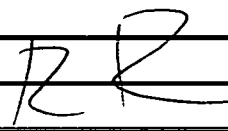
Well Status

TA'D Well <input checked="" type="radio"/> YES <input type="radio"/> NO	SHUT-IN <input checked="" type="radio"/> YES <input type="radio"/> NO	INJECTOR <input type="radio"/> INJ <input type="radio"/> SWD	PRODUCER <input checked="" type="radio"/> OIL <input type="radio"/> GAS	DATE <b>3/11/19</b>
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OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Flow Characteristics					
Puff	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	CO2 _____
Steady Flow	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	WTR _____
Surges	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	GAS _____
Down to nothing	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	If applicable type
Gas or Oil	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	fluid injected for
Water	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> 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: <del>10/16/18</del> <b>3-11-19</b>	Phone:		
Witness: <b>Rick Edman</b>			