

District I  
1625 N. French Dr., Hobbs, NM 88301  
Phone: (575) 393-6161 Fax: (575) 393-6120

**HOBBS OCD**  
**NOV 07 2019**  
**RECEIVED**

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

**BRADENHEAD TEST REPORT**

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| Operator Name<br><i>Vanguard</i>  | API Number<br><i>30-025-24357</i> |
| Property Name<br><i>STATE #23</i> | Well No.<br><i>23</i>             |

**1. Surface Location**

|                      |                     |                        |                     |           |                      |           |                      |                      |
|----------------------|---------------------|------------------------|---------------------|-----------|----------------------|-----------|----------------------|----------------------|
| UL - Lot<br><i>D</i> | Section<br><i>1</i> | Township<br><i>17S</i> | Range<br><i>36E</i> | Feet from | N/S Line<br><i>N</i> | Feet From | E/W Line<br><i>W</i> | County<br><i>LEA</i> |
|----------------------|---------------------|------------------------|---------------------|-----------|----------------------|-----------|----------------------|----------------------|

**Well Status**

|                                                      |                                                    |                                                      |                                                      |                         |
|------------------------------------------------------|----------------------------------------------------|------------------------------------------------------|------------------------------------------------------|-------------------------|
| TA'D WELL<br>YES <input checked="" type="radio"/> NO | SHUT-IN<br>YES <input checked="" type="radio"/> NO | INJECTOR<br>INJ <input checked="" type="radio"/> SWD | PRODUCER<br>OIL <input checked="" type="radio"/> GAS | DATE<br><i>10-23-19</i> |
|------------------------------------------------------|----------------------------------------------------|------------------------------------------------------|------------------------------------------------------|-------------------------|

**OBSERVED DATA**

|                      | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing                                                 |
|----------------------|------------|--------------|--------------|-------------|-----------------------------------------------------------|
| Pressure             | <i>0</i>   | <i>0</i>     |              | <i>0</i>    | <i>300</i>                                                |
| Flow Characteristics |            |              |              |             |                                                           |
| Puff                 | <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 <input checked="" type="checkbox"/>                   |
| Surges               | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | GAS <input type="checkbox"/>                              |
| Down to nothing      | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | Type of Fluid<br>Injected for<br>Waterflood if<br>applies |
| Gas or Oil           | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  |                                                           |
| Water                | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  |                                                           |

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

|                             |                           |
|-----------------------------|---------------------------|
| Signature: <i>Harvey A.</i> | OIL CONSERVATION DIVISION |
| Printed name:               | Entered into RBDMS        |
| Title:                      | Re-test                   |
| E-mail Address:             |                           |
| Date:                       |                           |
| Phone:                      |                           |
| Witness:                    |                           |

INSTRUCTIONS ON BACK OF THIS FORM