

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 <i>Vanguard</i>		API Number <i>30-025-31244</i>	
Property Name <i>Nowata AGIR ST.</i>		Well No. <i>#1</i>	

1. Surface Location

UL - Lot <i>P</i>	Section <i>9</i>	Township <i>18S</i>	Range <i>5E</i>	Feet from <i>860</i>	N/S Line <i>S</i>	Feet From <i>990</i>	E/W Line <i>E</i>	County <i>LEA</i>
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Well Status

TA'D WELL YES	☒ NO ☒ YES	SHUT-IN NO	INJ	INJECTOR SWD	☒ OIL ☐ GAS	PRODUCER DATE <i>10-22-19</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	<i>0</i>			<i>10</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
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 injected for waterflood if 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:		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS	
Title:		Re-test	
E-mail Address:			
Date:	Phone:		
Witness:	<i>Gary Robinson</i>		

INSTRUCTIONS ON BACK OF THIS FORM