

District I  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720

AUG 28 2015

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>EOR Operating</i>	API Number <i>30-041-00243</i>
Property Name <i>Milnesand SA Unit</i>	Well No. <i>#162</i>

Surface Location									
UL - Lot	Section	Township	Range		Feet from	N/S Line	Feet From	E/W Line	County
<i>P</i>	<i>12</i>	<i>08S</i>	<i>34E</i>		<i>160</i>	<i>S</i>	<i>160</i>	<i>E</i>	<i>Roosevelt</i>

Well Status											
TA'D WELL	NO	YES	SHUT-IN	NO	INJ	INJECTOR	SWD	OIL	PRODUCER	GAS	DATE
<input checked="" type="checkbox"/>											<i>5-28-15</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>-150-</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <input type="checkbox"/>
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
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.  
*Puff of gas from production csg. Down to nothing in 1 second.*

*BS 9/15/2015*

Signature: <i>Matt Howell</i>	OIL CONSERVATION DIVISION
Printed name: <i>MATT HOWELL</i>	Entered into RBDMS
Title: <i>Lease Operator</i>	Re-test
E-mail Address: <i>mhowell@enhancedoilres.com</i>	
Date: <i>5-28-15</i>	Phone: <i>575-607-5947</i>
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM