

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

JUL 12 2019

BRADENHEAD TEST REPORT

RECEIVED	Operator Name EOR OPERATING COMPANY	API Number 30-041-00142
	Property Name MILNESAND UNIT	Well No. 35

Surface Location

UL - Lot D	Section 19	Township 8S	Range 35E	Feet from 660	N/S Line N	Feet From 660	E/W Line W	County ROOSEVELT
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Well Status

TA'D WELL YES	<input checked="" type="radio"/> NO	SHUT-IN YES	<input checked="" type="radio"/> NO	<input checked="" type="radio"/> INJ	INJECTOR SWD	PRODUCER OIL	GAS	DATE 3/27/2019
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	0	0		0	550
Flow Characteristics					
Puff	Y/ <input checked="" type="radio"/> N	Y/ <input checked="" type="radio"/> N	Y / N	Y/ <input checked="" type="radio"/> N	CO2 ___
Steady Flow	Y/ <input checked="" type="radio"/> N	Y/ <input checked="" type="radio"/> N	Y / N	Y/ <input checked="" type="radio"/> N	WTR ___
Surges	Y/ <input checked="" type="radio"/> N	Y/ <input checked="" type="radio"/> N	Y / N	Y/ <input checked="" type="radio"/> N	GAS ___
Down to nothing	<input checked="" type="radio"/> Y / N	<input checked="" type="radio"/> Y / N	Y / N	<input checked="" type="radio"/> Y / N	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	Y/ <input checked="" type="radio"/> N	Y/ <input checked="" type="radio"/> N	Y / N	Y/ <input checked="" type="radio"/> N	
Water	Y/ <input checked="" type="radio"/> N	Y/ <input checked="" type="radio"/> N	Y / N	Y/ <input checked="" type="radio"/> N	

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

Signature: <i>Barry Broussard</i>	OIL CONSERVATION DIVISION
Printed name: Barry Broussard	Entered into RBDMS
Title: Field REP	Re-test
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Date: 3/27/2019	
Phone: 337-254-7887	
Witness:	