

District  
1435 N. Hobbs Dr., El Paso, NM 88510  
Phone (505) 395-6151 Fax (505) 395-6729

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

## BRADENHEAD TEST REPORT

|                                        |                                   |
|----------------------------------------|-----------------------------------|
| Operator Name<br><b>EOR</b>            | API Number<br><b>30-041-00141</b> |
| Property Name<br><b>Milnesand Unit</b> | Well No.<br><b>31</b>             |

## 1. Surface Location

|                      |                      |                       |                     |                          |                       |                         |                       |                            |
|----------------------|----------------------|-----------------------|---------------------|--------------------------|-----------------------|-------------------------|-----------------------|----------------------------|
| US - Lat<br><b>L</b> | Section<br><b>18</b> | Township<br><b>8S</b> | Range<br><b>35E</b> | East from<br><b>1986</b> | N.S. Line<br><b>S</b> | Feet from<br><b>660</b> | E.W. Line<br><b>W</b> | County<br><b>Roosevelt</b> |
|----------------------|----------------------|-----------------------|---------------------|--------------------------|-----------------------|-------------------------|-----------------------|----------------------------|

## Well Status

|     |                       |     |                      |            |          |     |     |          |     |                          |
|-----|-----------------------|-----|----------------------|------------|----------|-----|-----|----------|-----|--------------------------|
| YES | TAB WELL<br><b>NO</b> | YES | SHUT-IN<br><b>NO</b> | <b>INJ</b> | INJECTOR | SWD | OIL | PRODUCER | GAS | DATE<br><b>9-21-2023</b> |
|-----|-----------------------|-----|----------------------|------------|----------|-----|-----|----------|-----|--------------------------|

## OBSERVED DATA

|                      | (A) Surface  | (B) Interim (1) | (C) Interim (2) | (D) Prod. Case | (E) Tubing                                             |
|----------------------|--------------|-----------------|-----------------|----------------|--------------------------------------------------------|
| Pressure             | <b>8 PSI</b> |                 |                 | <b>8 PSI</b>   | <b>300 PSI</b>                                         |
| Flow Characteristics |              |                 |                 |                |                                                        |
| Pull                 | <b>Y/N</b>   | <b>Y/N</b>      | <b>Y/N</b>      | <b>Y/N</b>     | CO2 <input type="checkbox"/>                           |
| Steady Flow          | <b>Y/N</b>   | <b>Y/N</b>      | <b>Y/N</b>      | <b>Y/N</b>     | WTR <input checked="" type="checkbox"/>                |
| Surges               | <b>Y/N</b>   | <b>Y/N</b>      | <b>Y/N</b>      | <b>Y/N</b>     | GAS <input type="checkbox"/>                           |
| Down to nothing      | <b>Y/N</b>   | <b>Y/N</b>      | <b>Y/N</b>      | <b>Y/N</b>     | Type of Fluid<br>Injected for<br>Waterflood &<br>other |
| Gas or Oil           | <b>Y/N</b>   | <b>Y/N</b>      | <b>Y/N</b>      | <b>Y/N</b>     |                                                        |
| Water                | <b>Y/N</b>   | <b>Y/N</b>      | <b>Y/N</b>      | <b>Y/N</b>     |                                                        |

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

|                                            |                           |
|--------------------------------------------|---------------------------|
| Signature: <b>Mark Howell</b>              | OIL CONSERVATION DIVISION |
| Printed name: <b>Mark Howell</b>           | Entered into RSDMS        |
| Title: <b>Prod. Foreman</b>                | Re-test                   |
| E-mail Address: <b>mhowell@pedevco.com</b> |                           |
| Date: <b>9-21-2023</b>                     |                           |
| Phone: <b>575-607-5947</b>                 |                           |
| Witness:                                   |                           |

INSTRUCTIONS ON BACK OF THIS FORM

**District I**  
1625 N. French Dr., Hobbs, NM 88240  
Phone:(575) 393-6161 Fax:(575) 393-0720  
**District II**  
811 S. First St., Artesia, NM 88210  
Phone:(575) 748-1283 Fax:(575) 748-9720  
**District III**  
1000 Rio Brazos Rd., Aztec, NM 87410  
Phone:(505) 334-6178 Fax:(505) 334-6170  
**District IV**  
1220 S. St Francis Dr., Santa Fe, NM 87505  
Phone:(505) 476-3470 Fax:(505) 476-3462

**State of New Mexico**  
**Energy, Minerals and Natural Resources**  
**Oil Conservation Division**  
**1220 S. St Francis Dr.**  
**Santa Fe, NM 87505**

CONDITIONS

Action 274200

CONDITIONS

|                                                                                          |                                                            |
|------------------------------------------------------------------------------------------|------------------------------------------------------------|
| Operator:<br>EOR OPERATING COMPANY<br>575 N Dairy Ashford Suite 210<br>Houston, TX 77079 | OGRID:<br>257420                                           |
|                                                                                          | Action Number:<br>274200                                   |
|                                                                                          | Action Type:<br>[UF-BHT] Bradenhead Test (BRADENHEAD TEST) |

CONDITIONS

| Created By | Condition | Condition Date |
|------------|-----------|----------------|
| kfortner   | None      | 11/17/2023     |