

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

AUG 28 2015

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>EOR operating</i>	API Number <i>30-041-00087</i>
Property Name <i>Milnesand SA Unit</i>	Well No. <i>#36</i>

Surface Location									
UL - Lot <i>N</i>	Section <i>18</i>	Township <i>08S</i>	Range <i>35E</i>	Feet from <i>660</i>	N/S Line <i>S</i>	Feet from <i>1980</i>	E/W Line <i>W</i>	County <i>Roosevelt</i>	

Well Status									
TA'D WELL YES	NO	SHUT-IN YES	<i>(NO)</i>	<i>(NI)</i> INJECTOR	SWD	OIL PRODUCER	GAS	DATE <i>5-23-15</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>- 0 -</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
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>	Water based if
					applies

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

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@enhancedoires.com</i>	
Date: <i>5-23-15</i>	Phone: <i>575-607-5947</i>
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

SEP 16 2015