

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>30-041-00137</i>
Property Name <i>Milnesand SA Unit</i>	Well No. <i>#195</i>

Surface Location

UL <i>P</i>	Section <i>19</i>	Township <i>853</i>	Range <i>34E</i>	Feet from <i>660</i>	N/S Line <i>S</i>	Feet From <i>660</i>	E/W Line <i>E</i>	County <i>Roosevelt</i>
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Well Status

TA'D WELL YES	NO	SHUT-IN YES	NO	INJ <i>INJ</i>	SWD	OIL PRODUCER	GAS	DATE <i>5-30-15</i>
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OBSERVED DATA

	(A) Surface	(B) Intern(1)	(C) Intern(2)	(D) Prod Casing	(E) Tubing
Pressure	<i>-0-</i>			<i>-0-</i>	<i>-200-</i>
Flow Characteristics					
Pull	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <i>—</i>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <i>X</i>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <i>—</i>
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: <i>Matt Howell</i>	OIL CONSERVATION DIVISION Entered into RBDMS Re-test
Printed name: <i>Matt Howell</i>	
Title: <i>Lease operator</i>	
E-mail Address: <i>mhowell@enhancedoilres.com</i>	
Date: <i>5-30-15</i>	
Phone: <i>575-607-5947</i>	
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

SEP 16 2015