

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

AUG 28 2015

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>EOR Operations</i>	API Number <i>30-041-10057</i>
Property Name <i>Milnesand SA Unit</i>	Well No. <i># 187</i>

Surface Location

UL - Lot <i>B</i>	Section <i>18</i>	Township <i>08S</i>	Range <i>35E</i>	Feet from <i>160</i>	N/S Line <i>N</i>	Feet from <i>1980</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	INJECTOR ☒ INJ	SWD	OIL	PRODUCER	GAS	DATE <i>5-24-15</i>
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OBSERVED DATA

	(A) Surface	(B) Interim(1)	(C) Interim(2)	(D) Prod Casing	(E) Tubing
Pressure	<i>0-</i>	<i>- 0 -</i>		<i>- 0 -</i>	<i>0-</i>
Flow Characteristics					
Puff	☒ Y ☒ N	☒ Y ☒ N	☒ Y ☒ N	☒ Y ☒ N	CO2 ☐
Steady Flow	☒ Y ☒ N	☒ Y ☒ N	☒ Y ☒ N	☒ Y ☒ N	WTR ☐
Surges	☒ Y ☒ N	☒ Y ☒ N	☒ Y ☒ N	☒ Y ☒ N	GAS ☐
Down to nothing	☒ Y ☒ N	☒ Y ☒ N	☒ Y ☒ N	☒ Y ☒ N	Type of Fluid
Gas or Oil	☒ Y ☒ N	☒ Y ☒ N	☒ Y ☒ N	☒ Y ☒ N	Injected for
Water	☒ Y ☒ N	☒ Y ☒ N	☒ Y ☒ N	☒ Y ☒ N	Waterhead 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>	<i>BL 9/15/2015</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>5-24-15</i>	Phone: <i>575-607-5447</i>
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

SEP 16 2015