

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 operating</i>	API Number <i>30-041-10059</i>
Property Name <i>Milesand SA Unit</i>	Well No. <i>#310</i>

Surface Location									
UL - Lot <i>F</i>	Section <i>19</i>	Township <i>08S</i>	Range <i>35E</i>		Feet from <i>1980</i>	N/S Line <i>N</i>	Feet from <i>1909</i>	E/W Line <i>W</i>	County <i>Roosevelt</i>

Well Status

TA'D WELL ☒ YES	NO	SHUT-IN ☒ YES	NO	INJECTOR ☒ INJ	SWD	OIL	PRODUCER	GAS	DATE <i>5-31-15</i>
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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>
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 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
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>5-31-15</i>	
Phone: <i>575-607-5947</i>	
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

SEP 16 2015