

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<br><i>EOR operating</i> |                      |                        |                      |            | API Number<br><i>30-091-1011</i> |                      |                         |                        |                            |
| Property Name<br><i>Horton Fed</i>    |                      |                        |                      |            | Well No.<br><i>#15</i>           |                      |                         |                        |                            |
| 1. Surface Location                   |                      |                        |                      |            |                                  |                      |                         |                        |                            |
| UL - Lot<br><i>P</i>                  | Section<br><i>30</i> | Township<br><i>08S</i> | Range<br><i>35E</i>  |            | Feet from<br><i>990</i>          | N/S Line<br><i>S</i> | Feet From<br><i>928</i> | E/W Line<br><i>E</i>   | County<br><i>Roosevelt</i> |
| Well Status                           |                      |                        |                      |            |                                  |                      |                         |                        |                            |
| YES                                   | TA'D WELL<br>NO      | YES                    | SHUT-IN<br><i>NO</i> | <i>INI</i> | INJECTOR<br>SWD                  | OIL                  | PRODUCER<br>GAS         | DATE<br><i>5-29-15</i> |                            |

OBSERVED DATA

|                      | (A) Surface | (B) Interm(1) | (C) Interm(2) | (D) Prod Csg  | (E) Tubing                              |
|----------------------|-------------|---------------|---------------|---------------|-----------------------------------------|
| Pressure             | <i>-0-</i>  |               |               | <i>-5-psi</i> | <i>-0-</i>                              |
| Flow Characteristics |             |               |               |               |                                         |
| Puff                 | <i>Y/N</i>  | <i>Y/N</i>    | <i>Y/N</i>    | <i>Y/N</i>    | CO2 <input type="checkbox"/>            |
| Steady Flow          | <i>Y/N</i>  | <i>Y/N</i>    | <i>Y/N</i>    | <i>Y/N</i>    | WTR <input checked="" type="checkbox"/> |
| Surges               | <i>Y/N</i>  | <i>Y/N</i>    | <i>Y/N</i>    | <i>Y/N</i>    | GAS <input type="checkbox"/>            |
| 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>    | Waterflood if                           |
|                      |             |               |               |               | applies                                 |

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

*Puff of gas from prod csg. Down to nothing  
in 2 seconds.*

|                                                   |                            |                           |  |
|---------------------------------------------------|----------------------------|---------------------------|--|
| Signature: <i>Matt Howell</i>                     |                            | OIL CONSERVATION DIVISION |  |
| Printed name: <i>Matt Howell</i>                  |                            | Entered into RDBMS        |  |
| Title: <i>Lease operator</i>                      |                            | Re-test                   |  |
| E-mail Address: <i>mhowell@enhancedoilres.com</i> |                            |                           |  |
| Date: <i>5-29-15</i>                              | Phone: <i>575-607-5947</i> |                           |  |
| Witness:                                          |                            |                           |  |

INSTRUCTIONS ON BACK OF THIS FORM

SEP 16 2015