

AUG 28 2015

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>EOR operating</i>	API Number <i>30-011-10147</i>
Property Name <i>Milnesand SA Unit</i>	Well No. <i>#24</i>

Surface Location

UL - Lot <i>J</i>	Section <i>19</i>	Township <i>08S</i>	Range <i>35E</i>	Feet from <i>1980</i>	N/S Line <i>S</i>	Feet From <i>1980</i>	E/W Line <i>E</i>	County <i>Roosevelt</i>
----------------------	----------------------	------------------------	---------------------	--------------------------	----------------------	--------------------------	----------------------	----------------------------

Well Status

PROD WELL ☒ YES	NO	SHUT-IN ☒ YES	NO	INJECTOR ☒ IN	SWD	OIL	PRODUCER	GAS	DATE <i>5-31-15</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>
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 Injected for Waterflood if applicable
Gas or Oil	☒ Y ☒ N	☒ Y ☒ N	☒ Y ☒ N	☒ Y ☒ N	
Water	☒ Y ☒ N	☒ Y ☒ N	☒ Y ☒ N	☒ Y ☒ N	

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