

AUG 28 2015

District 1
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

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>30-041-10149</i>				
Property Name <i>Milnesand SA Unit</i>					Well No. <i>#26</i>				
2. Surface Location									
UL - Lot <i>P</i>	Section <i>19</i>	Township <i>08S</i>	Range <i>35E</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>
Well Status									
TA'D WELL YES	NO	YES	SHUT-IN <i>NO</i>	<i>INI</i>	INJECTOR SWD	OIL	PRODUCER	GAS	DATE <i>5-23-15</i>

OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Casing	(E) Tubing
Pressure	- 0 -			- 0 -	- 50 psi -
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>		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>5-23-15</i>	Phone: <i>575-607-5947</i>		
Witness:			

INSTRUCTIONS ON BACK OF THIS FORM

SEP 16 2015