

DEC 18 2015

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>EAR Operating</i>	API Number <i>30-041-00131</i>
Property Name <i>Milnesand SA Unit</i>	Well No. <i>#182</i>

Surface Location

UL - Lot <i>D</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>160</i>	E/W Line <i>W</i>	County <i>Roosevelt</i>
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Well Status

TA'D WELL YES	NO	SHUT-IN ☒	NO	INJ ☒	SWD	OIL	PRODUCER	GAS	DATE <i>5-27-15</i>
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Casing	(E) Tubing
Pressure	<i>-0-</i>	<i>-0-</i>		<i>-500-</i>	<i>-500-</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.

- Tubing and production casing are communicating -
- shut well in -
5-27-15

Signature: <i>Matt Howell</i>	OIL CONSERVATION DIVISION
Printed name: <i>MATT HOWELL</i>	Entered into RBDMS <i>6B</i>
Title: <i>Lease Operator</i>	Re-test
E-mail Address: <i>mhowell@enhancedoilres.com</i>	
Date: <i>5-27-15</i>	
Phone:	
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

DEC 21 2015