

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>EOR operating</i>		API Number <i>30-041-20756</i>	
Property Name <i>Horton Fed</i>		Well No. <i>32</i>	

2. Surface Location

UL - Lot <i>H</i>	Section <i>30</i>	Township <i>08S</i>	Range <i>35E</i>	Feet from <i>2305</i>	N/S Line <i>N</i>	Feet from <i>285</i>	E/W Line <i>E</i>	County <i>Roosevelt</i>
----------------------	----------------------	------------------------	---------------------	--------------------------	----------------------	-------------------------	----------------------	----------------------------

Well Status

☒ YES TA'D WELL	☐ NO	☒ YES SHUT-IN	☐ NO	☒ INJECTOR	☐ SWD	☐ OIL PRODUCER	☐ GAS	DATE <i>5-29-15</i>
---	-----------------------------	---	-----------------------------	--	------------------------------	---------------------------------------	------------------------------	------------------------

OBSERVED DATA

	(A) Surface	(B) Intern(1)	(C) Intern(2)	(D) Prod Csg	(E) Tubing
Pressure	<i>-0-</i>			<i>-400 psi</i>	<i>-400-</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
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>	Water level if
					applies

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

*Observed 400 psi on both tubing and production csg.
Opened csg. valve. casing blew down to -0- psi in 5 min
with marginal water. Tubing pressure dropped down to
150 psi in 15 min.*

Signature: <i>Matt Howell</i>		OIL CONSERVATION DIVISION	
Printed name: <i>MATT HOWELL</i>		Entered into RBDMS <i>B8</i>	
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

DEC 21 2015