

HOBBS OCD

MAY 12 2016

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

BRADENHEAD TEST REPORT

RECEIVED	Operator Name <i>FOR</i>	API Number <i>30-041-002431</i>
	Property Name <i>Milnesand Unit</i>	Well No. <i>162</i>

7. Surface Location

UL - Lot <i>P</i>	Section <i>12</i>	Township <i>8S</i>	Range <i>34E</i>	Feet from <i>660</i>	N/S Line <i>S</i>	Feet From <i>660</i>	E/W Line <i>L</i>	County <i>Ford</i>
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Well Status

TA'D WELL YES	SHUT-IN NO	INJECTOR NO	PRODUCER OIL	GAS	DATE <i>4/26/16</i>
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OBSERVED DATA

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

Signature: <i>Matt Howell</i>	OIL CONSERVATION DIVISION
Printed name: <i>MATT HOWELL</i>	Entered into RBDMS <i>GB</i>
Title: <i>Lease operator</i>	Re-test
E-mail Address: <i>mhowell@enhancedoilres.com</i>	
Date: <i>4/26/16</i>	
Phone: <i>575-607-5947</i>	
Witness: <i>[Signature]</i>	

