

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

APR 19 2018

RECEIVED

BRADENHEAD TEST REPORT

|                                         |                                   |
|-----------------------------------------|-----------------------------------|
| Operator Name<br><i>LIANN OPERATING</i> | API Number<br><i>30-025-28195</i> |
| Property Name<br><i>SCHARB 9</i>        | Well No.<br><i>2</i>              |

Surface Location

|                      |                     |                        |                     |                          |                      |                          |                      |                      |
|----------------------|---------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot<br><i>F</i> | Section<br><i>9</i> | Township<br><i>19S</i> | Range<br><i>35E</i> | Feet from<br><i>1980</i> | N/S Line<br><i>N</i> | Feet From<br><i>1980</i> | E/W Line<br><i>W</i> | County<br><i>LEA</i> |
|----------------------|---------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|

Well Status

|                                                                                  |                                                                                |                                                                       |                                                                                  |                        |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------|
| TA'D WELL<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | SHUT-IN<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | INJECTOR<br>INJ <input type="checkbox"/> SWD <input type="checkbox"/> | PRODUCER<br>OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/> | DATE<br><i>4-18-18</i> |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------|

OBSERVED DATA

|                      | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csmg | (E)Tubing                                                  |
|----------------------|------------|--------------|--------------|--------------|------------------------------------------------------------|
| Pressure             | <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 <input type="checkbox"/>                               |
| Steady Flow          | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>   | WTR <input type="checkbox"/>                               |
| Surges               | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>   | GAS <input type="checkbox"/>                               |
| Down to nothing      | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>   | Type of Fluid<br>Injected for<br>Waterflood if<br>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.

|                                                  |                           |
|--------------------------------------------------|---------------------------|
| Signature: <i>Eddie J. Saramillo</i>             | OIL CONSERVATION DIVISION |
| Printed name: <i>Eddie J. Saramillo</i>          | Entered into RBDMS        |
| Title: <i>PRODUCTION SPECIALIST</i>              | Re-test                   |
| E-mail Address: <i>esaramillo@linnenergy.com</i> |                           |
| Date:                                            |                           |
| Phone: <i>(575) 370-9686</i>                     |                           |
| Witness: <i>J. Bone</i>                          |                           |

INSTRUCTIONS ON BACK OF THIS FORM