

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

BRADENHEAD TEST REPORT

Operator Name <b>Linn Operating</b>		API Number <b>30-025-01455</b>
Property Name <b>Caprock Maljamar Unit</b>		Well No. <b>19</b>

Surface Location									
UL - Lot	Section	Township	Range		Feet from	N/S Line	Feet From	E/W Line	County
<b>L</b>	<b>17</b>	<b>17S</b>	<b>33E</b>		<b>1980</b>	<b>FSL</b>	<b>660</b>	<b>FNL</b>	<b>Lea</b>

Well Status										
TA'D WELL	SHUT-IN	INJECTOR	SWD	OIL	PRODUCER	GAS	DATE			
YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	INJ <input checked="" type="checkbox"/>						<b>1/26/15</b>

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<b>0</b>	<b>N/A</b>	<b>N/A</b>	<b>0</b>	<b>2200</b>
<b>Flow Characteristics</b>					
Puff	Y/N <input checked="" type="checkbox"/>	Y/N	Y/N	Y/N <input checked="" type="checkbox"/>	CO2 <input type="checkbox"/>
Steady Flow	Y/N <input checked="" type="checkbox"/>	Y/N	Y/N	Y/N <input checked="" type="checkbox"/>	WTR <input checked="" type="checkbox"/>
Surges	Y/N <input checked="" type="checkbox"/>	Y/N	Y/N	Y/N <input checked="" type="checkbox"/>	GAS <input type="checkbox"/>
Down to nothing	Y/N <input checked="" type="checkbox"/>	Y/N	Y/N	Y/N <input checked="" type="checkbox"/>	Type of Fluid
Gas or Oil	Y/N <input checked="" type="checkbox"/>	Y/N	Y/N	Y/N <input checked="" type="checkbox"/>	Injected for
Water	Y/N <input checked="" type="checkbox"/>	Y/N	Y/N	Y/N <input checked="" type="checkbox"/>	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.

D - had water, Down to nothing

Failed mit pt 1/27/2015  
 JAD/OCD

JAD/OCD 1/30/2015

Signature: <b>D. Sooter</b>	OIL CONSERVATION DIVISION
Printed name: <b>Darren Sooter</b>	Entered into RBDMS
Title: <b>Production Specialist</b>	Re-test
E-mail Address: <b>dsooter@linenergy.com</b>	
Date: <b>1/26/15</b>	Phone: <b>575-369-9113</b>
Witness: <b>[Signature] - OCD</b>	

INSTRUCTIONS ON BACK OF THIS FORM

JAN 30 2015

*[Handwritten mark]*