

MAR 23 2015

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

BRADENHEAD TEST REPORT

RECEIVED

Operator Name Linn Operating		API Number 30-025-23426	
Property Name Hale state		Well No. 2	

2. Surface Location

UL - Lot 1 D	Section 31	Township 17 S	Range 34 E	Feet from 2310	N/S Line FNL	Feet From 330	E/W Line FWL	County Lea
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Well Status

TA'D WELL YES <input type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN YES <input type="radio"/> NO <input checked="" type="radio"/>	INJECTOR INJ <input type="radio"/> SWD <input type="radio"/>	PRODUCER OIL <input checked="" type="radio"/> GAS <input type="radio"/>	DATE 3/6/15
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csong	(E)Tubing
Pressure	0	N/A	N/A	0	50
Flow Characteristics					
Puff	Y/N <input checked="" type="radio"/>	Y/N	Y/N	Y/N <input checked="" type="radio"/>	CO2 <input type="checkbox"/>
Steady Flow	Y/N <input checked="" type="radio"/>	Y/N	Y/N	Y/N <input checked="" type="radio"/>	WTR <input type="checkbox"/>
Surges	Y/N <input checked="" type="radio"/>	Y/N	Y/N	Y/N <input checked="" type="radio"/>	GAS <input type="checkbox"/>
Down to nothing	Y/N <input checked="" type="radio"/>	Y/N	Y/N	Y/N <input checked="" type="radio"/>	Type of Fluid
Gas or Oil	Y/N <input checked="" type="radio"/>	Y/N	Y/N	Y/N <input checked="" type="radio"/>	Injected for
Water	Y/N <input checked="" type="radio"/>	Y/N	Y/N	Y/N <input checked="" type="radio"/>	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.

A, D. - Nothing

BB 3/31/2015

Signature: D. Sooter		OIL CONSERVATION DIVISION	
Printed name: Darren Sooter		Entered into RBDMS	
Title: Production Specialist		Re-test	
E-mail Address: dsooter@linenergy.com			
Date: 3/6/15	Phone: 575-364-9113		
Witness:			

INSTRUCTIONS ON BACK OF THIS FORM

APR 02 2015