

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

MAR 23 2017

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Linn Operating</i>		API Number <i>30-025-09169</i>
Property Name <i>SEVEN RIVERS QUEEN UNIT</i>		Well No. <i>17</i>

7. Surface Location									
UL - Lot <i>C</i>	Section <i>35</i>	Township <i>22S</i>	Range <i>36E</i>		Feet from <i>660</i>	N/S Line <i>N</i>	Feet From <i>1980</i>	E/W Line <i>W</i>	County <i>Lea</i>

Well Status

TA'D WELL YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	SHUT-IN YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INJECTOR <input checked="" type="checkbox"/>	SWD <input type="checkbox"/>	PRODUCER OIL <input type="checkbox"/> GAS <input type="checkbox"/>	DATE <i>3-23-17</i>
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OBSERVED DATA

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

Signature: <i>Paul Cowan</i>	OIL CONSERVATION DIVISION
Printed name: <i>Paul Cowan</i>	Entered into RBDMS
Title:	Re-test <i>X X</i>
E-mail Address: <i>pcowan@linn.energy.com</i>	
Date: <i>3-23-17</i>	Phone: <i>575-631-4007</i>
Witness: <i>Kerry Fortner - OCD</i>	<i>399-3221</i>

INSTRUCTIONS ON BACK OF THIS FORM