

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

HOBBS OCD

MAR 28 2017

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>LINN OPERATING</i>	API Number <i>30-025-01443</i>
Property Name <i>CAPROCK MALJAMAR UNIT</i>	Well No. <i>9</i>

7. Surface Location									
UL - Lot <i>E</i>	Section <i>17</i>	Township <i>17S</i>	Range <i>33E</i>	Feet from <i>1980</i>	N/S Line <i>N</i>	Feet From <i>660</i>	E/W Line <i>W</i>	County <i>Lea</i>	

Well Status

TA'D WELL YES <input checked="" type="checkbox"/> NO	SHUT-IN YES <input checked="" type="checkbox"/> NO	INJECTOR <input checked="" type="checkbox"/> INJ	SWD	OIL PRODUCER GAS	DATE <i>3-22-17</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>0</i>	<i>2350</i>
<b>Flow Characteristics</b>					
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 checked="" 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 Injected for Waterflood if 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. Jaramillo</i>	OIL CONSERVATION DIVISION
Printed name: <i>Eddie J. Jaramillo</i>	Entered into RBDMS
Title: <i>PRODUCTION SPECIALIST</i>	Re-test
E-mail Address: <i>esjaramillo@linnenergy.com</i>	<i>X 7</i>
Date: <i>3-22-17</i>	
Phone: <i>(575) 370-9686</i>	
Witness: <i>Kerry FORTNER - OCD</i>	
<i>399-3221</i>	

INSTRUCTIONS ON BACK OF THIS FORM