

HOBBS OCD

MAR 07 2016

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District I  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720

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

BRADENHEAD TEST REPORT

Operator Name <i>LINN OPERATING</i>		* API Number <i>30-025-09057</i>
Property Name <i>SEVEN RIVERS QUEEN UNIT</i>		Well No. <i>9</i>

2. Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet from	E/W Line	County
<i>I</i>	<i>27</i>	<i>22S</i>	<i>36E</i>	<i>1980</i>	<i>S</i>	<i>660</i>	<i>E</i>	<i>LEA</i>

Well Status

TA'D WELL	SHUT-IN	INJECTOR	PRODUCER	DATE
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INJ <input checked="" type="checkbox"/> SWD <input type="checkbox"/>	OIL <input type="checkbox"/> GAS <input type="checkbox"/>	<i>2/19/14</i>

OBSERVED DATA

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

*BS 3/11/16*

Signature: <i>[Signature]</i>	OIL CONSERVATION DIVISION
Printed name: <i>JUNIOR CONTRERAS</i>	Entered into RBDMS <i>BS</i>
Title: <i>PRODUCTION SPECIALIST</i>	Re-test
E-mail Address: <i>econtreras@linneenergy.com</i>	
Date: <i>2/19/2016</i> Phone: <i>575/904-0031</i>	
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

MAR 14 2016