

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>30-025-01442</i>
Property Name <i>Caprock Malt Unit</i>	Well No. <i>3</i>

Surface Location

UL - Lot <i>D</i>	Section <i>17</i>	Township <i>17S</i>	Range <i>33E</i>	Feet from <i>460</i>	N/S Line <i>N</i>	Feet From <i>460</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well Status

TA'D WELL ☒ YES ☐ NO	SHUT-IN ☐ YES ☒ NO	INJECTOR ☒ INJ	SWD	PRODUCER ☐ OIL ☐ GAS	DATE <i>1/26/15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>			<i>0</i>	<i>2375</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 ☐ WTR ☒ GAS ☐
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Injected for
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Waterflood if
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	applies
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.

BS 1/29/2015

Signature:

Zth

OIL CONSERVATION DIVISION

Printed name:

Entered into RBDMS

Title:

Re-test

E-mail Address:

Date:

15

Phone:

Witr

INSTRUCTIONS ON BACK OF THIS FORM

JAN 30 2015

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