

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

BRADENHEAD TEST REPORT

30025-01461

Operator Name <i>Linn Operating</i>	API Number <i>3002514610000</i>
Property Name <i>Caprock Maj Unit</i>	Well No. <i>7</i>

7. Surface Location

UL - Lot <i>6</i>	Section <i>18</i>	Township <i>17S</i>	Range <i>33E</i>	Feet from <i>1980</i>	N/S Line <i>5</i>	Feet From <i>2080</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES ☒ NO	SHUT-IN YES ☒ NO	INJECTOR ☒ INJ	SWD	OIL	PRODUCER 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>N/A</i>	<i>N/A</i>	<i>0</i>	<i>2400</i>
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	Y / N	CO2 ☐
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR ☒
Surges	Y / N	Y / N	Y / N	Y / N	GAS ☐
Down to nothing	Y / N	Y / N	Y / N	Y / N	Type of Fluid
Gas or Oil	Y / N	Y / N	Y / N	Y / N	Injected for
Water	Y / N	Y / N	Y / N	Y / N	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.

> MIT PT Failure 1/27/2015
SAD/OCD-1/30/15

BS 1/29/2015

Signature: <i>Zell Massey</i>	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>1/26/15</i>	Phone:
Witness: <i>Jm Lowe</i>	

INSTRUCTIONS ON BACK OF THIS FORM

JAN 30 2015

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