

HOBBSOCD

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

FEB 13 2015

BRADENHEAD TEST REPORT

Operator Name <i>Linn OPERATING</i>	APP Number <i>30-025-01461 -</i>
Property Name <i>CAPROCK 01A15 Unit</i>	Well No. <i>7</i>

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>S</i>	Feet From <i>2080</i>	E/W Line <i>E</i>	County <i>LCA</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	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 ☐
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR ☐
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS ☐
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	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.

Failed MIT Test

BS 2/18/2015

Signature: <i>Zeth Massey</i>	OIL CONSERVATION DIVISION
Printed name: <i>Zeth Massey</i>	Entered into RBDMS
Title: <i>Field operator</i>	Re-test
E-mail Address: <i>zmassey@linenergy.com</i>	
Date: <i>1/26/15</i>	Phone: <i>575-942-9082</i>
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM

FEB 20 2015