

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

FEB 13 2015

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Linn Operating</i>		API Number <i>30-025-01445</i>	
Property Name <i>Caprock Maljamar Unit</i>		Well No. <i>11</i>	

Surface Location

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

TA'D WELL YES	NO	SHUT-IN YES	<i>(NO)</i>	INJECTOR <i>(INJ)</i>	SWD	PRODUCER OIL	GAS	DATE <i>1/27/15</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>N/A</i>	<i>0</i>	<i>2250</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.

A, B, & D, had Puff of gas

BS 2/18/2015

Signature: <i>D. Sooter</i>	OIL CONSERVATION DIVISION
Printed name: <i>Darren Sooter</i>	Entered into RBDMS
Title: <i>Production Specialist</i>	Re-test
E-mail Address: <i>dsooter@linenergy.com</i>	
Date: <i>1/27/15</i>	Phone: <i>575-369-9113</i>
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

FEB 20 2015

[Signature]