

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

HOBBSDOCD

FEB 19 2015

BRADENHEAD TEST REPORT

Operator Name <i>Linn operating</i>		API Number <i>30025-01584</i>
Property Name <i>Caprock Maljamar Unit</i>		Well No. <i>44</i>

Surface Location

UL - Lot <i>A</i>	Section <i>20</i>	Township <i>17S</i>	Range <i>33E</i>	Feet from <i>660</i>	N/S Line <i>FNL</i>	Feet From <i>660</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>1/28/15</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>2500</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.

Add nothing

Failed M:T - SI well

BS 2/18/2015

Signature:		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test
E-mail Address:		
Date:	Phone:	
Witness:		

INSTRUCTIONS ON BACK OF THIS FORM

FEB 24 2015

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