



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

BRADENHEAD TEST REPORT

Operator Name <i>Linco Operating</i>	API Number <i>30-025-12039</i>
Property Name <i>South Benard Queen Unit</i>	Well No. <i>2</i>

7. Surface Location

UL - Lot <i>A</i>	Section <i>23</i>	Township <i>26 S</i>	Range <i>37 E</i>	Feet from <i>990</i>	N/S Line <i>N</i>	Feet From <i>330</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>2/16/16</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>Ø</i>			<i>Ø</i>	<i>600</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 Injected for Waterflood if applies.
Gas or Oil	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	
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.

Signature: <i>[Signature]</i>	<i>BS 2/16/16</i>
Printed name: <i>JUNIOR CONTRERAS</i>	OIL CONSERVATION DIVISION
Title:	Entered into RBDMS <i>CF</i>
E-mail Address:	Re-test
Date: <i>2/16/16</i>	
Phone: <i>575/909-0031</i>	
Witness: <i>Carol Flowers</i>	

In C.F.

FEB 17 2016