

HOBBS OCD

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

MAR 07 2016

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>LINN OPERATING</i>		API Number <i>30-025-02399</i>	
Property Name <i>MESCALERO RIDGE UNIT</i>		Well No. <i>282</i>	

7. Surface Location

UL - Lot <i>B</i>	Section <i>28</i>	Township <i>19S</i>	Range <i>34E</i>	Feet from <i>660</i>	N/S Line <i>N</i>	Feet From <i>1980</i>	E/W Line <i>E</i>	County <i>LEA</i>
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Well Status

TA'D WELL YES	<i>NO</i>	<i>YES</i>	SHUT-IN NO	INJ	INJECTOR <i>(SWD)</i>	OIL	PRODUCER GAS	DATE <i>2/17/16</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure					<i>0</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.

- Shut in

Signature: <i>[Signature]</i>		OIL CONSERVATION DIVISION	
Printed name: <i>JUNIOR CONTRERAS</i>		Entered into RBDMS <i>BS</i>	
Title: <i>PROD. SPECIALIST</i>		Re-test	
E-mail Address: <i>jcontreras@linenergy.com</i>			
Date: <i>2/17/16</i>	Phone: <i>575/909-0031</i>		
Witness:			

INSTRUCTIONS ON BACK OF THIS FORM

MAR 14 2016