

HOBBS OCD

MAR 07 2016

RECEIVED

District I  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720

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

## BRADENHEAD TEST REPORT

|                                                 |                                    |
|-------------------------------------------------|------------------------------------|
| Operator Name<br><i>LINN OPERATING</i>          | *API Number<br><i>30-025-09156</i> |
| Property Name<br><i>SEVEN RIVERS QUEEN UNIT</i> | Well No.<br><i>27</i>              |

## \* Surface Location

|                      |                      |                        |                     |                          |                      |                         |                      |                      |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL - Lot<br><i>E</i> | Section<br><i>35</i> | Township<br><i>22S</i> | Range<br><i>36E</i> | Feet from<br><i>1980</i> | N/S Line<br><i>N</i> | Feet From<br><i>660</i> | E/W Line<br><i>W</i> | County<br><i>LEA</i> |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|-------------------------|----------------------|----------------------|

## Well Status

|                                                                            |                                                                          |                                                  |     |     |                 |                        |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------|-----|-----|-----------------|------------------------|
| TA'D WELL<br>YES <input type="radio"/> NO <input checked="" type="radio"/> | SHUT-IN<br>YES <input type="radio"/> NO <input checked="" type="radio"/> | INJECTOR<br><input checked="" type="radio"/> INJ | SWD | OIL | PRODUCER<br>GAS | DATE<br><i>2/19/16</i> |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------|-----|-----|-----------------|------------------------|

## OBSERVED DATA

|                      | (A) Surface | (B) Interm (1) | (C) Interm (2) | (D) Prod Csmg | (E) Tubing                   |
|----------------------|-------------|----------------|----------------|---------------|------------------------------|
| Pressure             | <i>0</i>    |                |                | <i>0</i>      | <i>0</i>                     |
| Flow Characteristics |             |                |                |               |                              |
| Puff                 | <i>Y/N</i>  | <i>Y/N</i>     | <i>Y/N</i>     | <i>Y/N</i>    | CO2 <input type="checkbox"/> |
| Steady Flow          | <i>Y/N</i>  | <i>Y/N</i>     | <i>Y/N</i>     | <i>Y/N</i>    | WTR <input type="checkbox"/> |
| Surges               | <i>Y/N</i>  | <i>Y/N</i>     | <i>Y/N</i>     | <i>Y/N</i>    | GAS <input type="checkbox"/> |
| 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.

|                                                   |                              |
|---------------------------------------------------|------------------------------|
| Signature: <i>Contreiras</i>                      | <i>BS 3/11/16</i>            |
| Printed name: <i>JUNIOR CONTRERAS</i>             | OIL CONSERVATION DIVISION    |
| Title: <i>PRODUCTION SPECIALIST</i>               | Entered into RBDMS <i>BS</i> |
| E-mail Address: <i>eccontreras@linnenergy.com</i> | Re-test                      |
| Date: <i>2/19/2016</i>                            |                              |
| Phone: <i>575/904-0031</i>                        |                              |
| Witness:                                          |                              |

INSTRUCTIONS ON BACK OF THIS FORM

MAR 14 2016