

District I  
1825 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-4161 Fax: (575) 393-0720

HOBBS OCD

MAY 27 2016

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <b>LINN OPERATING</b>	*API Number <b>30-025-09053</b>
Property Name <b>SEVEN RIVERS QUEEN UNIT</b>	Well No. <b>7</b>

\* Surface Location

UL - Lot <b>8</b>	Section <b>27</b>	Township <b>22S</b>	Range <b>36E</b>	Feet from <b>1980</b>	N/S Line <b>N</b>	Feet from <b>1980</b>	E/W Line <b>E</b>	County <b>LEA</b>
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Well Status

TA'D WELL YES	(NO)	SHUT-IN YES	(NO)	INJECTOR (INJ)	SWD	OIL	PRODUCER GAS	DATE <b>2/19/16</b>
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OBSERVED DATA

	(A) Surface	(B) Interval (1)	(C) Interval (2)	(D) Prod Csg	(E) Tubing
Pressure	<b>2</b>			<b>0</b>	<b>320</b>
Flow Characteristics					
Puff	Y/(N)	Y/N	Y/N	Y/(N)	CO2 —
Steady Flow	Y/(N)	Y/N	Y/N	Y/(N)	WTR —
Burges	Y/(N)	Y/N	Y/N	Y/(N)	GAS —
Down to nothing	(Y) N	Y/N	Y/N	(Y) N	Type of Fluid Inferred by Waterflood if applicable
Gas or Oil	Y/(N)	Y/N	Y/N	Y/(N)	
Water	Y/(N)	Y/N	Y/N	Y/(N)	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

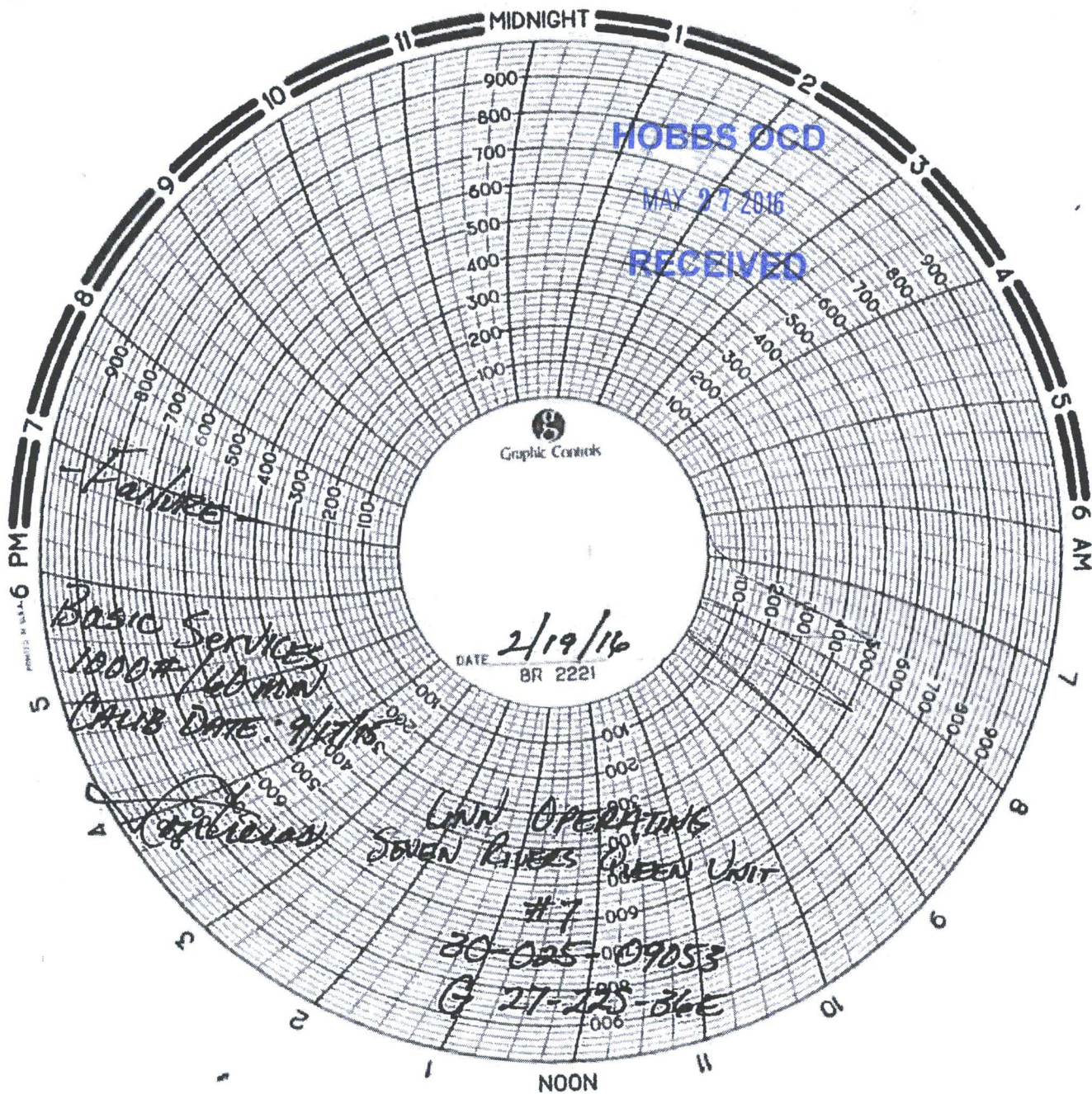
FAILED MIT

gms

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

INSTRUCTIONS ON BACK OF THIS FORM







# HOBBS OCD

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-1283  
 811 S. First St., Artesia, NM 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

MAY 27 2016

State of New Mexico  
 Energy, Minerals and Natural Resources  
**RECEIVED**  
 OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

Form C-103  
 Revised July 18, 2013

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other INJECTION		WELL API NO. 30-025-09053
2. Name of Operator LINN OPERATING, INC.		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator 600 TRAVIS, SUITE 5100, HOUSTON, TEXAS 77002		6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>G</u> : 1980 feet from the <u>N</u> line and 1980 feet from the <u>E</u> line Section <u>27</u> Township <u>22S</u> Range <u>36E</u> NMPM <u>LEA</u> County		7. Lease Name or Unit Agreement Name SEVEN RIVERS QUEEN UNIT
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		8. Well Number 007
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		9. OGRID Number 269324
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> FAILED MIT		10. Pool name or Wildcat EUNICE; SEVEN RIVERS-QUEEN, SOUTH

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> FAILED MIT	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/> PASSED MIT TEST

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Due to the Failed 5-Year MIT, LINN Operating Inc. respectfully requests to MIRU on this well to identify the failure. 24 Hour notice will be provided to the NMOCD prior to MIRU. Please see attached Failed MIT and Braden Head Test.

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

*Laura A. Moreno*

TITLE REGULATORY ADVISOR

DATE 3-2-2016

Type or print name

LAURA A. MORENO

E-mail address: lmoreno@linnenergy.com

PHONE: 713-904-6657

For State Use Only

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):