

HOBBS OCD

MAY 27 2016

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name LINN OPERATING		API Number 30-025-09155
Property Name SEVEN RIVERS QUEEN UNIT		Well No. 29

Surface Location

UL - Lot K	Section 35	Township 22S	Range 36E	Feet from 1980	N/S Line S	Feet From 1980	E/W Line W	County LEA
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Well Status

TA'D WELL YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	SHUT-IN YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INJECTOR <input checked="" type="checkbox"/>	SWD <input type="checkbox"/>	OIL PRODUCER <input type="checkbox"/>	GAS <input type="checkbox"/>	DATE 2/19/16
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OBSERVED DATA

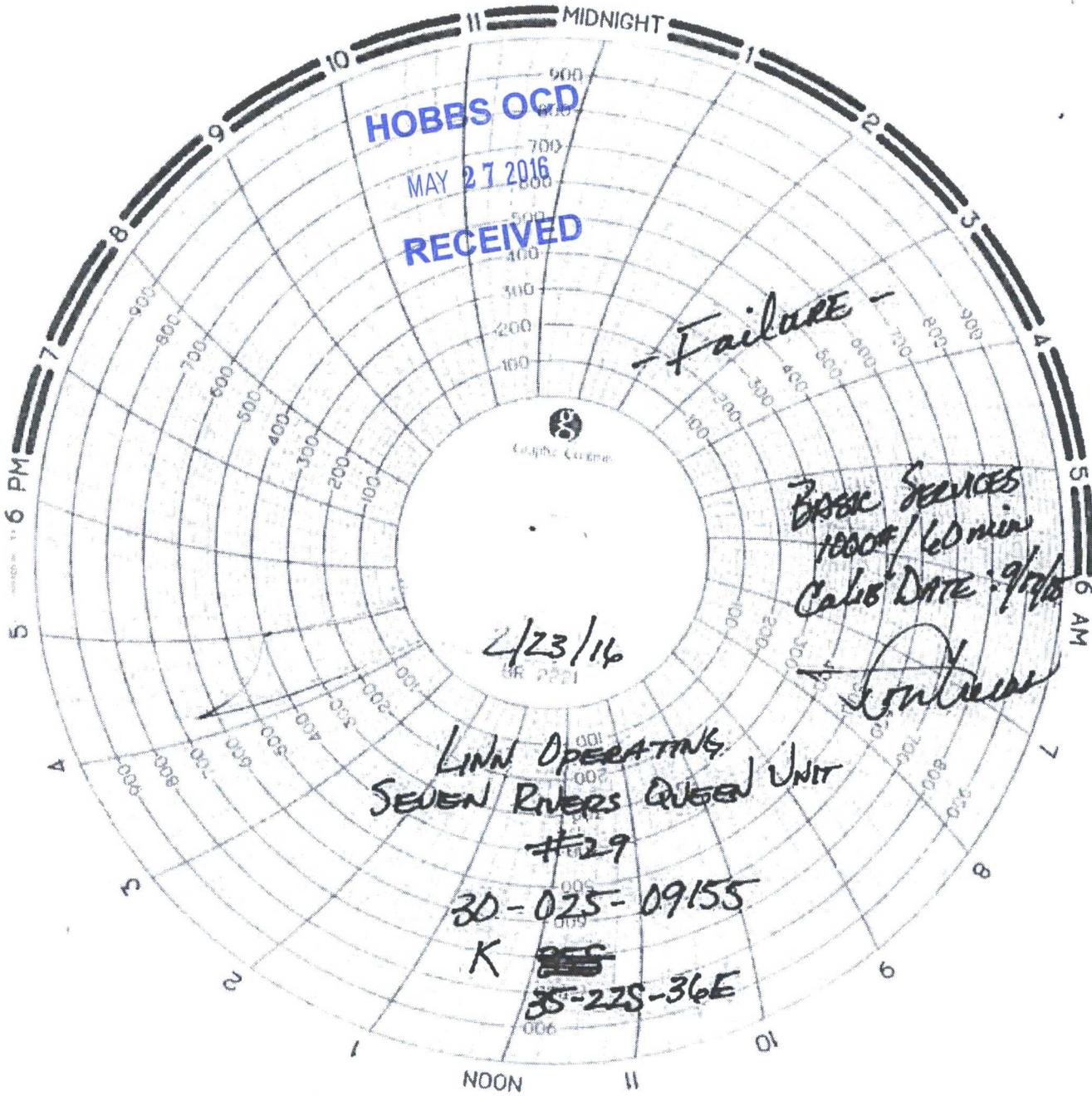
	(A) Surface	(B) Intern(1)	(C) Intern(2)	(D) Prod Chng	(E) Valves
Pressure	\emptyset			\emptyset	50
Flow Characteristics					
Fall	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	CO2 <input type="checkbox"/>
Steady Flow	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	WTR <input type="checkbox"/>
Surges	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	GAS <input type="checkbox"/>
Down to nothing	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	Type of Fluid Injected for Waterflood if applicable
Gas or Oil	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	
Water	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	

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

Failure job

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

INSTRUCTIONS ON BACK OF THIS FORM



HOBBS OCD

MAY 27 2016

RECEIVED

Failure

Basic Services
1000#/60min
Calib DATE: 9/1/16

2/23/16
OR 2221

Linn Operating
SEVEN RIVERS QUEEN UNIT
#29

30-025-09155

K ~~RES~~

35-225-36E

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

HOBBS OCD

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

MAY 27 2016
RECEIVED

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-025-09155
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name SEVEN RIVERS QUEEN UNIT
8. Well Number 029
9. OGRID Number 269324
10. Pool name or Wildcat EUNICE;SEVEN RIVERS-QUEEN, SOUTH

SUNDRY NOTICES AND REPORTS ON WELLS
 (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 Gas Well Other INJECTION

2. Name of Operator
LINN OPERATING, INC.

3. Address of Operator
600 TRAVIS, SUITE 5100, HOUSTON, TEXAS 77002

4. Well Location
 Unit Letter K :1980 feet from the S line and 1980 feet from the W line
 Section 35 Township 22S Range 36E NMPM LEA County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK PLUG AND ABANDON
 TEMPORARILY ABANDON CHANGE PLANS
 PULL OR ALTER CASING MULTIPLE COMPL
 DOWNHOLE COMMINGLE
 CLOSED-LOOP SYSTEM
 OTHER: FAILED MIT

SUBSEQUENT REPORT OF:

- REMEDIAL WORK ALTERING CASING
 COMMENCE DRILLING OPNS. P AND A
 CASING/CEMENT JOB
 OTHER: 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

or State Use Only

APPROVED BY: _____ TITLE _____ DATE _____
 Conditions of Approval (if any): _____