

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 <b>LINN OPERATING</b>	API Number <b>30-025-23395</b>
Property Name <b>HUMPHREY QUEEN UNIT</b>	Well No. <b>27</b>

## Surface Location

UL - Lat <b>H</b>	Section <b>4</b>	Township <b>25S</b>	Range <b>37E</b>	Feet from <b>1570</b>	NS Line <b>N</b>	Feet from <b>990</b>	E/W Line <b>E</b>	County <b>LEA</b>
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## Well Status

YES	TA'D WELL <b>(NO)</b>	YES	SHUT-IN <b>(NO)</b>	<b>(INJ)</b>	INJECTOR	SWD	OIL	PRODUCER	GAS	DATE <b>2/18/16</b>
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## OBSERVED DATA

	(A) Surface	(B) Interim (1)	(C) Interim (2)	(D) Prod Casing	(E) Tubing
Pressure	<b>0</b>			<b>0</b>	<b>0</b>
Flow Characteristics					
Full	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	CO2 <b>—</b>
Steady flow	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	WTR <b>—</b>
Surges	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	GAS <b>—</b>
Down to nothing	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	Type of fluid injected for Waterflood if applies
Gas or Oil	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	
Water	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	

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

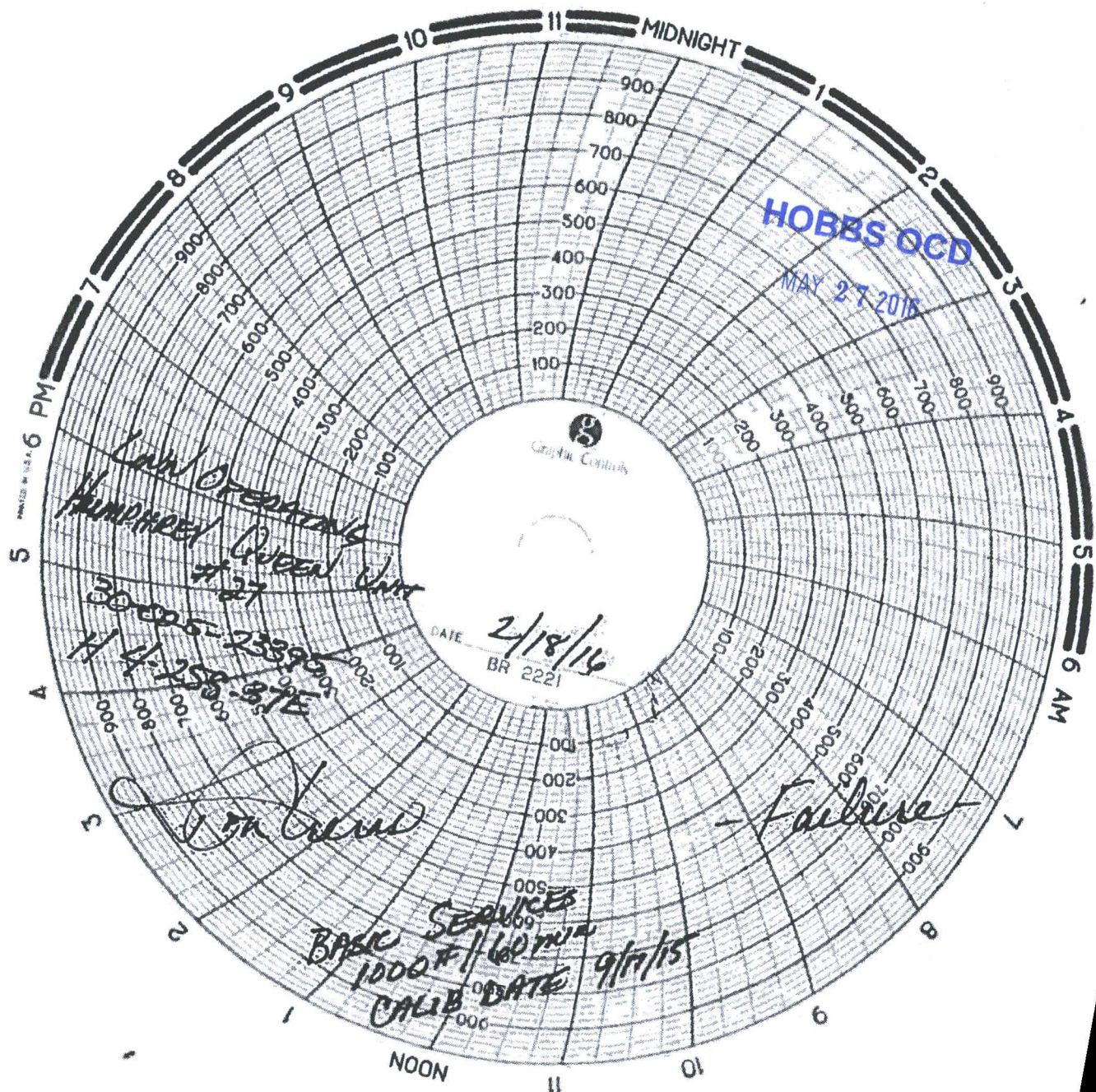
Failed MIT

*gms*

Signature: <i>Contreiras</i>	OIL CONSERVATION DIVISION
Printed name: <b>JUNIOR CONTRERAS</b>	Entered into RBDMS
Title: <b>PRODUCTION SPECIALIST</b>	Re-test
E-mail Address: <b>j.contreiras@linnenergy.com</b>	
Date: <b>2/18/2016</b>	
Phone: <b>575/904-0031</b>	
Witness: <i>Carol Thomas</i>	

INSTRUCTIONS ON BACK OF THIS FORM





HOBBS OCD

MAY 27 2016

Land Operating  
Humphrey Queen Unit  
#27

30005-2339000  
H 4-258-87E

DATE 2/18/14  
BR 2221

*[Signature]*

*Failure*

BASIC SERVICES  
1000# / 60 min  
CALIB DATE 9/17/15



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

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised July 18, 2013

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

WELL API NO.  
30-025-23395

5. Indicate Type of Lease  
STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

HUMPHREY QUEEN UNIT

8. Well Number 027

9. OGRID Number 269324

10. Pool name or Wildcat  
LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

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 H :1570 feet from the N line and 990 feet from the E line  
Section 04 Township 25S Range 37E 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  
For State Use Only

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