

HOBBS OCD

MAY 27 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 <b>LINN OPERATING</b>	*API Number <b>30-025-29131</b>
Property Name <b>SEVEN RIVERS QUEEN UNIT</b>	Well No. <b>65</b>

## 1 Surface Location

UL - Lot <b>E</b>	Section <b>3</b>	Township <b>23S</b>	Range <b>36E</b>	Feet from <b>2080</b>	NS Line <b>N</b>	Feet from <b>560</b>	E/W Line <b>W</b>	County <b>LEA</b>
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## Well Status

TA'D WELL YES	NO	YES	SHUT-IN NO	INJECTOR INJ	SWD	OIL	PRODUCER	GAS	DATE <b>2/23/14</b>
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## OBSERVED DATA

	(A) Surface	(B) Interim (1)	(C) Interim (2)	(D) Prod. Cons.	(E) Tubing
Pressure	<b>8</b>			<b>8</b>	<b>600</b>
Flow Characteristics					
Pull	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

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

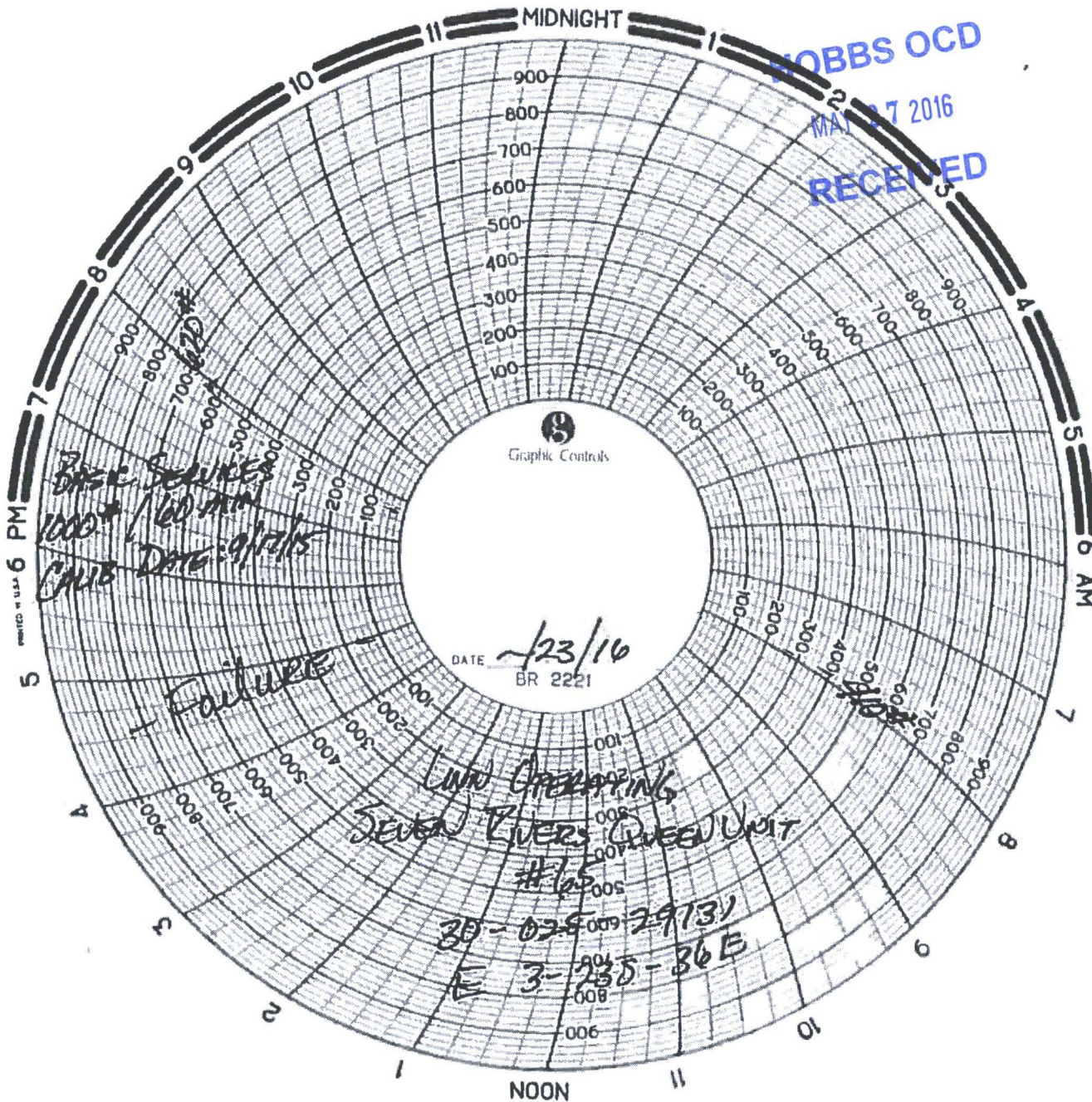
Failed  
MIT

jmp

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>2/23/2016</b>	
Phone: <b>575/904-0031</b>	
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM





MOBBS OCD  
MAY 27 2016  
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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  
MAY 27 2016  
**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.)		WELL API NO. 30-025-29131
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other INJECTION		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator LINN OPERATING, INC.		6. State Oil & Gas Lease No.
3. Address of Operator 600 TRAVIS, SUITE 5100, HOUSTON, TEXAS 77002		7. Lease Name or Unit Agreement Name SEVEN RIVERS QUEEN UNIT
4. Well Location Unit Letter <u>E</u> :2080 feet from the <u>N</u> line and <u>560</u> feet from the <u>W</u> line Section <u>03</u> Township <u>23S</u> Range <u>36E</u> NMPM <u>LEA</u> County		8. Well Number 065
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 269324
		10. Pool name or Wildcat LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

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):