

MAR 23 2017

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Linn Operating</i>		API Number <i>30-025-09055</i>	
Property Name <i>SEVEN RIVERS QUEEN UNIT</i>		Well No. <i>1</i>	

Surface Location								
UL - Lot <i>A</i>	Section <i>27</i>	Township <i>22S</i>	Range <i>36E</i>	Feet from <i>330</i>	N/S Line <i>N</i>	Feet From <i>990</i>	E/W Line <i>E</i>	County <i>Lea</i>

Well Status

TA'D WELL YES <i>NO</i>	SHUT-IN YES <i>NO</i>	INJECTOR <i>INJ</i>	SWD	OIL	PRODUCER GAS	DATE <i>3-23-17</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>B</i>			<i>B</i>	<i>550</i>
Flow Characteristics					
Puff	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	CO2 ☐
Steady Flow	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	WTR ☒
Surges	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	GAS ☐
Down to nothing	<i>N / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>N / 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>Paul Cown</i>	OIL CONSERVATION DIVISION
Printed name: <i>Paul Cown</i>	Entered into RBDMS
Title:	Re-test
E-mail Address: <i>pcown@linn-energy.com</i>	<i>X</i>
Date: <i>3-23-17</i>	
Phone: <i>575-631-4007</i>	
Witness: <i>Kerry Fortner-OCD</i>	

399-3221

INSTRUCTIONS ON BACK OF THIS FORM