

MAR 23 2017

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

BRADENHEAD TEST REPORT

Operator Name <i>Linn Operations</i>		API Number <i>30-025-09063</i>	
Property Name <i>SEVEN RIVERS QUEEN UNIT</i>		Well No. <i>11</i>	

7. Surface Location									
UL - Lot <i>K</i>	Section <i>27</i>	Township <i>22S</i>	Range <i>36E</i>	Feet from <i>1980</i>	N/S Line <i>S</i>	Feet From <i>1980</i>	E/W Line <i>W</i>	County <i>Lea</i>	

Well Status

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

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	<i>0</i>	<i>—</i>	<i>—</i>	<i>0</i>	<i>0</i>
Flow Characteristics					
Puff	<i>0/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/0</i>	CO2 ☐
Steady Flow	<i>Y/0</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/0</i>	WTR ☒
Surges	<i>Y/0</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/0</i>	GAS ☐
Down to nothing	<i>0/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>0/N</i>	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	<i>Y/0</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/0</i>	
Water	<i>Y/0</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/0</i>	

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 Cowan</i>		OIL CONSERVATION DIVISION	
Printed name: <i>Paul Cowan</i>		Entered into RBDMS	
Title:		Re-test <i>X</i>	
E-mail Address: <i>pcowan@linn-energy.com</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