

HOBBS OCD

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

MAR 28 2017

RECEIVED

BRADENHEAD TEST REPORT

|                                            |                      |                        |                     |                         |                      |                                   |                      |                        |  |
|--------------------------------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|-----------------------------------|----------------------|------------------------|--|
| Operator Name<br><i>Linn Operating</i>     |                      |                        |                     |                         |                      | API Number<br><i>30-025-12039</i> |                      |                        |  |
| Property Name<br><i>SOUTH LEONARD UNIT</i> |                      |                        |                     |                         |                      | Well No.<br><i>2</i>              |                      |                        |  |
| Surface Location                           |                      |                        |                     |                         |                      |                                   |                      |                        |  |
| UL - Lot<br><i>A</i>                       | Section<br><i>23</i> | Township<br><i>26S</i> | Range<br><i>37E</i> | Feet from<br><i>990</i> | N/S Line<br><i>N</i> | Feet From<br><i>330</i>           | E/W Line<br><i>E</i> | County<br><i>Lea</i>   |  |
| Well Status                                |                      |                        |                     |                         |                      |                                   |                      |                        |  |
| TA'D WELL<br>YES                           | <i>NO</i>            | SHUT-IN<br>YES         | <i>NO</i>           | INJECTOR<br><i>INJ</i>  | SWD                  | OIL                               | PRODUCER<br>GAS      | DATE<br><i>3-24-17</i> |  |

OBSERVED DATA

|                      | (A)Surface   | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg  | (E)Tubing     |
|----------------------|--------------|--------------|--------------|--------------|---------------|
| Pressure             | <i>0</i>     | <i>✓</i>     | <i>✓</i>     | <i>0</i>     | <i>600</i>    |
| Flow Characteristics |              |              |              |              |               |
| Puff                 | <i>Y / 0</i> | <i>Y / N</i> | <i>Y / N</i> | <i>0 / N</i> | CO2 <i>✓</i>  |
| Steady Flow          | <i>Y / 0</i> | <i>Y / N</i> | <i>Y / N</i> | <i>Y / 0</i> | WTR <i>✓</i>  |
| Surges               | <i>Y / 0</i> | <i>Y / N</i> | <i>Y / N</i> | <i>Y / 0</i> | GAS <i>✓</i>  |
| Down to nothing      | <i>0 / N</i> | <i>Y / N</i> | <i>Y / N</i> | <i>0 / N</i> | Type of Fluid |
| Gas or Oil           | <i>Y / 0</i> | <i>Y / N</i> | <i>Y / N</i> | <i>Y / 0</i> | Injected for  |
| Water                | <i>Y / 0</i> | <i>Y / N</i> | <i>Y / N</i> | <i>Y / 0</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 Town</i>                  |                            | OIL CONSERVATION DIVISION |  |
| Printed name: <i>Paul Town</i>               |                            | Entered into RBDMS        |  |
| Title:                                       |                            | Re-test <i>X 2</i>        |  |
| E-mail Address: <i>ptown@linn-energy.com</i> |                            |                           |  |
| Date: <i>3-24-17</i>                         | Phone: <i>575-631-4007</i> |                           |  |
| Witness: <i>Rory Fortner - OCD</i>           |                            |                           |  |
|                                              |                            |                           |  |

*399-3221*

INSTRUCTIONS ON BACK OF THIS FORM