

APR 19 2018

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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<br><b>LINN OPERATING</b> | *API Number<br><b>30-025-29190</b> |
| Property Name                          | Well No.<br><b>67</b>              |

## \* Surface Location

|                      |                     |                        |                     |                          |                      |                          |                      |                      |
|----------------------|---------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot<br><b>B</b> | Section<br><b>3</b> | Township<br><b>23S</b> | Range<br><b>36E</b> | Feet from<br><b>1250</b> | N/S Line<br><b>N</b> | Feet From<br><b>1415</b> | E/W Line<br><b>E</b> | County<br><b>LEA</b> |
|----------------------|---------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|

## Well Status

|                                                                                  |                                                                     |                                                                       |                                                                                  |                        |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------|
| TA'D WELL<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | SHUT-IN<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | INJECTOR<br>INJ <input type="checkbox"/> SWD <input type="checkbox"/> | PRODUCER<br>OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/> | DATE<br><b>4-18-18</b> |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------|

## OBSERVED DATA

|                      | (A)Surface                              | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing                                                  |
|----------------------|-----------------------------------------|--------------|--------------|-------------|------------------------------------------------------------|
| Pressure             | <b>0</b>                                |              |              |             | <b>0</b>                                                   |
| Flow Characteristics |                                         |              |              |             |                                                            |
| Puff                 | Y/N <input checked="" type="checkbox"/> | Y/N          | Y/N          | Y/N         | CO2 <input type="checkbox"/>                               |
| Steady Flow          | Y/N <input checked="" type="checkbox"/> | Y/N          | Y/N          | Y/N         | WTR <input type="checkbox"/>                               |
| Surges               | Y/N <input checked="" type="checkbox"/> | Y/N          | Y/N          | Y/N         | GAS <input type="checkbox"/>                               |
| Down to nothing      | Y/N <input checked="" type="checkbox"/> | Y/N          | Y/N          | Y/N         | Type of Fluid<br>Injected for<br>Waterflood if<br>applies. |
| Gas or Oil           | Y/N <input checked="" type="checkbox"/> | Y/N          | Y/N          | Y/N         |                                                            |
| Water                | Y/N <input checked="" type="checkbox"/> | Y/N          | Y/N          | Y/N         |                                                            |

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

|                                                  |                           |
|--------------------------------------------------|---------------------------|
| Signature: <b>Eddie J. Saramillo</b>             | OIL CONSERVATION DIVISION |
| Printed name: <b>Eddie J. Saramillo</b>          | Entered into RBDMS        |
| Title: <b>PRODUCTION SPECIALIST</b>              | Re-test <b>ms</b>         |
| E-mail Address: <b>esaramillo@linnenergy.com</b> |                           |
| Date:                                            |                           |
| Phone: <b>(575) 370-9686</b>                     |                           |
| Witness: <b>J. Power</b>                         |                           |

INSTRUCTIONS ON BACK OF THIS FORM