

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

HOBBS OCD
APR 25 2018
RECEIVED

BRADENHEAD TEST REPORT

Operator Name <u>LINN OPERATING</u>	*API Number <u>30-025-01537</u>
Property Name <u>CAPROCK MALJAMAR UNIT</u>	Well No. <u>101</u>

7. Surface Location

UL - Lot <u>P</u>	Section <u>28</u>	Township <u>17S</u>	Range <u>33E</u>	Feet from <u>660</u>	N/S Line <u>S</u>	Feet From <u>660</u>	E/W Line <u>E</u>	County <u>LEA</u>
----------------------	----------------------	------------------------	---------------------	-------------------------	----------------------	-------------------------	----------------------	----------------------

Well Status

TA'D WELL YES <u>NO</u>	SHUT-IN YES <u>NO</u>	INJECTOR <u>INJ</u>	SWD	OIL	PRODUCER GAS	DATE <u>3/28/12</u>
----------------------------	--------------------------	------------------------	-----	-----	-----------------	------------------------

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<u>φ</u>	<u>—</u>	<u>—</u>	<u>φ</u>	<u>2000</u>
Flow Characteristics					
Puff	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	CO2 <u>—</u>
Steady Flow	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	WTR <u>—</u>
Surges	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	GAS <u>—</u>
Down to nothing	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	
Water	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	

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

Signature: <u>Eddie J. Jaramillo</u>	OIL CONSERVATION DIVISION
Printed name: <u>Eddie J. Jaramillo</u>	Entered into RBDMS
Title: <u>PRODUCTION SPECIALIST</u>	Re-test
E-mail Address: <u>e.jaramillo@linnenergy.com</u>	
Date: <u>3/28/12</u>	
Phone: <u>(575) 370-9686</u>	
Witness: <u>J. Barr</u>	

INSTRUCTIONS ON BACK OF THIS FORM