

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

BRADENHEAD TEST REPORT

Operator Name <u>LINN OPERATING</u>		*API Number <u>30-025-21271</u>
Property Name <u>SOUTH LANE</u>		Well No. <u>35</u>

7. Surface Location

UL - Lot <u>D</u>	Section <u>35</u>	Township <u>10S</u>	Range <u>33E</u>	Feet from <u>500</u>	N/S Line <u>N</u>	Feet From <u>500</u>	E/W Line <u>W</u>	County <u>LEA</u>
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Well Status

YES ☒ TA'D WELL ☐ NO ☐	YES ☐ SHUT-IN ☐ NO ☐	INJ ☐ INJECTOR ☐ SWD ☐	OIL ☐ PRODUCER ☐ GAS ☐	DATE <u>4-20-18</u>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<u>0</u>	<u>0</u>	<u>N/A</u>	<u>0</u>	<u>0</u>
Flow Characteristics					
Pull	<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
Gas or Oil	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	Injected for
Water	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	Water Flood 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: <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>ejaramillo@linnenergy.com</u>		
Date:	Phone: <u>(575) 370-9686</u>	
	Witness: <u>[Signature]</u>	

INSTRUCTIONS ON BACK OF THIS FORM