| Office | State of New Mexico | Form C-103 |
|--|--|---|
| <u>District I</u> – (575) 393-6161 | Energy, Minerals and Natural Resources | Revised July 18, 2013 |
| 1625 N. French Dr., Hobbs, NM 88240 | | WELL API NO. |
| <u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210 | OIL CONSERVATION DIVISION | 30-015-05334 |
| District III – (505) 334-6178 1220 South St. Francis Dr. | | 5. Indicate Type of Lease Federal X STATE FEE STATE |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | Santa Fe, NM 87505 | 6. State Oil & Gas Lease No. |
| <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM | 54nta 1 6 , 14141 6 7303 | 6. State Oil & Gas Lease No. |
| 87505 | | Federal Lease NMNM98120 |
| SUNDRY NOTICES AND REPORTS ON WELLS | | 7. Lease Name or Unit Agreement Name |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A | | |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH | | Skelly Unit |
| PROPOSALS.) 1. Type of Well: Oil Well Gas Well Y Other Injection | | 8. Well Number 16 |
| 2. Name of Operator | as wen 25 Other injection | 9. OGRID Number |
| Linn Operating, LLC | | 269324 |
| 3. Address of Operator | | 10. Pool name or Wildcat |
| • | | |
| 600 Travis St., Suite 1400, Houston, Tx 77002 | | Grayburg Jackson;7 Rivers |
| 4. Well Location | | |
| Unit Letter N : | feet from the south line and | 1980 feet from the west line |
| Section 21 | Township 17S Range 31E | NMPM Eddy County |
| | 11. Elevation (Show whether DR, RKB, RT, GR, o | etc.) |
| | | |
| | | |
| 12 Check Ar | opropriate Box to Indicate Nature of Notice | ce Report or Other Data |
| 12. Check M | propriate box to indicate Nature of Notice | ce, report of Other Data |
| NOTICE OF INT | ENTION TO: SI | JBSEQUENT REPORT OF: |
| | | |
| | | - |
| | MULTIPLE COMPL CASING/CEM | |
| DOWNHOLE COMMINGLE | moeth ce dom'e orlond/dem | |
| CLOSED-LOOP SYSTEM | | |
| OTHER: | □ OTHER RE3 | TURN TO INJECTION X |
| 13. Describe proposed or complete | | and give pertinent dates, including estimated date |
| | (c). SEE RULE 19.15.7.14 NMAC. For Multiple | |
| proposed completion or recor | | compression remote unugram or |
| rr | | |
| Linn Operating LLC is response | ectfully submitting notification that the referenced | well in Eddy County was returned to injection with |
| an initial 5 BWPD volume. | sections submitting notification that the referenced | went in Eddy County was returned to injection with |
| an mitial 5 B W1 D Volume. | | |
| This injection well should be | considered active | |
| This injection well should be considered active. | | MM OIL CONSERVATION |
| | | ARTESIA DISTRICT |
| | | |
| | | APR 06 2018 |
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| | | RECEIVED |
| | | VECETA MA |
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| Spud Date: | Rig Release Date: | |
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| I hereby certify that the information a | ove is true and complete to the best of my knowle | edge and belief |
| | To is the same complete to the best of my time with | ougo und conen |
| 7 11 1 | 110 111 | |
| SIGNATURE / W | TITLE Regulatory Manager | DATE 04/03/2018 |
| 1 011 | Transfer Transfer | |
| Type or print name Debi Gordon | E-mail address: _dgordon@lir | nnenergy.com PHONE: 281.840.4010 |
| For State Use Only | E man address. <u>deoidona</u> m | menergy.com 11101101 201.010.1010 |
| C State Ost Only | | |
| , i | | , , |
| APPROVED BY: LIMAN I | | DARGE DATE 4/9/10 |
| APPROVED BY: Conditions of Approval (if any): | | OFFICER DATE 4/9/18 |