

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 October 13, 2009

HOBBS OCD
OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505
JUL 19 2011

WELL API NO. 30-025-01439
5. Indicate Type of Lease. STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 306907
7. Lease Name or Unit Agreement Name CAPROCK MALJAMAR UNIT
8. Well Number: 006
9. OGRID Number 269324
10. Pool name or Wildcat <i>Maljamar</i> GRAYBURG-SAN ANDRES

SUNDRY NOTICES/REPORTS ON WELLS
 (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 PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other *Ig*

2. Name of Operator
 LINN OPERATING, INC. ON BEHALF OF SANDRIDGE UNTIL COO

3. Address of Operator
 600 TRAVIS, SUITE 5100, HOUSTON, TEXAS 77002

4. Well Location
 Unit Letter _____ A: 660 feet from the _____ N line and _____ 660 feet from the _____ E line
 Section 17 Township 17S Range 33E NMPM LEA County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: RETURN TO PRODUCTION <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

LINN PROPOSES TO MOVE A RIG ONTO LOCATION TO IDENTIFY THE SOURCE OF LEAKOFF WHICH HAS RESULTED IN A FAILED MIT. LINN WILL INSPECT THE PACKER, INJECTION TUBING AND CASING AS NECESSARY. IF A LEAK IS IDENTIFIED, LINN WILL ISOLATE AND ATTEMPT TO SQUEEZE IT OFF WITH CEMENT. IF THE SCOPE OF THE PROJECT CHANGES, LINN WILL SUBMIT A NEW NOI.

Condition of Approval: Notify OCD Hobbs office 24 hours prior of running MIT Test & Chart

Spud Date: Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief:

SIGNATURE *Terry Callahan* TITLE: REGULATORY SPECIALIST III DATE JULY 18, 2011

Type or print name TERRY B. CALLAHAN E-mail address: tcallahan@linnenergy.com PHONE: 281-840-4272

For State Use Only
 APPROVED BY: *Mark Whitaker* TITLE: Compliance Officer DATE 08-05-2011
 Conditions of Approval (if any):