Submit 1 Copy To Appropriate District State of New Mexico	/ Form C-103
District 1 – (575) 393-6161 HOBBS Boolingy, Minerals and Natural Resources	October 13, 2009
1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 District III – (575) 224 6178 APR 2 3 2443CONSERVATION DIVISION	30-025-39209
$\frac{District III}{1220}$ South St. Francis Dr.	5. Indicate Type of Lease STATE STATE FEE FED
1000 Rio Brazos Rd., Aztec, NM 87410	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM RECEIVED 87505	6. State Off & Gas Lease No.
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 PROPOSALS.)	EAST HOBBS SAN ANDRES UNIT
1. Type of Well: Oil Well 🔲 Gas Well 🔀 Other INJECTION	8. Well Number: 999
2. Name of Operator	9. OGRID Number 269324
LINN OPERATING, INC.	10. Pool name or Wildcat
600 TRAVIS, SUITE 5100, HOUSTON, TEXAS 77002	HOBBS;SAN ANDRES,EAST
4. Well Location	
	<u>990</u> feet from the <u>E</u> line
	39E NMPM LEA County
11. Elevation (Show whether DR, RKB, RT, GR, et 3,592' GL	tc.)
	e, Report or Other Data
PERFORM REMEDIAL WORK D PLUG AND ABANDON REMEDIAL WO	DRK 🛛 ALTERING CASING 🗌
TEMPORARILY ABANDON CHANGE PLANS COMMENCE D	RILLING OPNS. 🔲 PANDA 🗌
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEME DOWNHOLE COMMINGLE I	NT JOB
OTHER: OTHER:	
 Describe proposed or completed operations. (Clearly state all pertinent details, a of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple C proposed completion or recompletion. 	
The injection pressure was lowered on the EHSAU #999 from 1 bring into compliance. (Please see attached violation letter)	1200 psi to 550 psi on 4/10/2013 to
Spud Date: Rig Release Date:	
hereby certify that the information above is true and complete to the best of my knowle	dge and belief.
Malphan	
SIGNATURE CHURCH TITLE: REGULATORY SPE	CIALIST III DATE APRIL 22, 2013
Fype or print name TERRY B. CALLAHAN E-mail address: tcallahan@linnener For State Use Only Image: College	rgy.com PHONE: <u>281-840-4272</u>
APPROVED BY: Conditions of Approval (if any):	DATE 4-24-2013
•	APR 2 5 2013

APR 2 5 2013