Form C-141 Revised August 8, 2011

Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 Submit 1 Copy to appropriate District Office in accordance with 19.15.29 NMAC.

| Release Notification and Corrective Action | | | | | |
|---|----------------------------|----------------|--------------|--|--|
| | OPERATOR | Initial Report | Final Report | | |
| Name of Company Linn Operating Inc. | Contact E.L. Gonzales | | | | |
| Address 2130 W Bender Blyd Hobbs NM 88240 | Telephone No. 575 738 1730 | | | | |

| Address 2130 W Bender Blvd Hobbs, NM 88 | Telephone No. 575-738-1739 | |
|---|----------------------------|----------------------|
| Facility Name Maljamar Grayburg Unit #8 | Facility Type Injection | |
| | | |
| Surface Owner Federal | Mineral Owner | API No. 30-025-20318 |

LOCATION OF RELEASE

| Unit Letter | Section | Township | Range | Feet from the | North/South Line | Feet from the | East/West Line | County |
|-------------|---------|----------|-------|---------------|------------------|---------------|----------------|--------|
| K | 03 | 17S | 32E | 2140 | South | 2180 | West | Lea |
| | | | | | | | | |

Latitude 32.862236 Longitude -103.7558517

NATURE OF RELEASE

| Type of Release Produced Water / BS&W | Volume of Release 10 bbls / 15 gal. | Volume Re | ecovered 0/0 | | |
|--|---|--------------------------|-------------------------------|--|--|
| Source of Release Valve Sensor /Alarm Failure | Date and Hour of Occurrence 10/19/2015 | Date and H 10/19/2015 | Iour of Discovery 5 8:00am | | |
| Was Immediate Notice Given? | If YES, To Whom? | | | | |
| By Whom? | Date and Hour | | | | |
| Was a Watercourse Reached? | If YES, Volume Impacting the Watercourse. | | | | |
| If a Watercourse was Impacted, Describe Fully.* | RECEIVED By JKeyes at | t 7:55 an | n, Oct 21, 2015 | | |
| Describe Cause of Problem and Remedial Action Taken.* At about 8am this morning I pulled up to location and saw the injection line shooting water into the air. I quickly isolated the inj line to stop the leak. The leak was caused by the choke on the well breaking in half. | | | | | |
| Describe Area Affected and Cleanup Action Taken.* About 10bbls of profeet of water was around the well head. | duced water was spilt. The leak ran s | south bound at | bout 150 feet a radius of 20 | | |
| I hereby certify that the information given above is true and complete to the best of my knowledge and understand that pursuant to NMOCD rules and regulations all operators are required to report and/or file certain release notifications and perform corrective actions for releases which may endanger public health or the environment. The acceptance of a C-141 report by the NMOCD marked as "Final Report" does not relieve the operator of liability should their operations have failed to adequately investigate and remediate contamination that pose a threat to ground water, surface water, human health or the environment. In addition, NMOCD acceptance of a C-141 report does not relieve the operator of responsibility for compliance with any other federal, state, or local laws and/or regulations. | | | | | |
| Signature: Congolu | OIL CONSERVATION DIVISION Approved by Environmental Specialist: | | | | |
| Printed Name: E.L. Gonzales | | | | | |
| Title: Production Supervisor | 10/21/2015 Approval Date: | Expiration D | ate: 12/21/2015 | | |
| E-mail Address: elgonzales@linnenergy.com | Conditions of Approval: | | | | |

 Date:
 10/20/2015
 Phone:
 505-504-8002
 Contractions of Approval.
 Attached
 1RP 3933

 * Attach Additional Sheets If Necessary
 Geotagged photos of remediation required. Ensure BLM concurrence/approval.
 nJXK1529428370
 nJXK1529428458





