Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103
District I – (575) 393-6161 Energy, 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 HOBBS OCTL CONSERVATION DIVISION			30-025-01445 5. Indicate Type of Lease
District III = (505) 334-6178 1220 South St. Francis Dr.			STATE S FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460 MAR 1 9 2013 Santa Fe, NM 87505			6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			o. State on a das Bease 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.)			CAPROCK MALJAMAR UNIT
1. Type of Well: Oil Well Gas Well Other INJECTION			8. Well Number: 011
2. Name of Operator			9. OGRID Number 269324
LINN OPERATING, INC.			10. Pool name or Wildcat
3. Address of Operator 600 TRAVIS, SUITE 5100, HOUSTON, TEXAS 77002			MALJAMAR;GRAYBURG-SAN
000 TRAVIS, SUITE 3100, HOUSTON, TEXAS 7/002			ANDRES
4. Well Location			MADROS
Unit Letter G; 19	980feet from the N	line and 1	980 feet from the E line
Section 17	Township 17S	Range 33F	
	11. Elevation (Show whether DR)		
The first the second of the se	4110'	11112, 111, 011, 010,	
12. Check Ap	propriate Box to Indicate N	ature of Notice,	Report or Other Data
•	•		•
			SEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☑ PLUG AND ABANDON ☐ REMEDIAL WOR			
<del>-</del>	CHANGE PLANS	COMMENCE DRI	<del></del>
<del></del>	MULTIPLE COMPL	CASING/CEMEN	I JOB 🗀
DOWNHOLE COMMINGLE			
OTHER: RTI	$\bowtie$	OTHER:	П
13. Describe proposed or comple	ted operations. (Clearly state all		d 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.			
Par El Carralas (OCD) a	mmuoval 4h o Comusals	<b>N/I - 1: T</b> I-	
		•	nit #11 is shut-in after failing
the Bradenhead test. LIN	N will MIRU well serv	ricing unit an	d repair Bradenhead leak.
·			
Spud Date:	Rig Release Da	ate:	
L		L	
I hereby certify that the information al	pove is true and complete to the b	est of my knowledg	ge and belief.
11	1		
SIGNATURE MULLA TITLE: REGULATORY SPECIALIST III DATE MARCH 18, 2013			
TITLE. REGULATURY SPECIALIST III DATE MARCH 18, 2013			
Type or print name <u>TERRY B. CALLAHAN</u> E-mail address: <u>tcallahan@linnenergy.com</u> PHONE: <u>281-840-4272</u>			
For State Use Only			
(A)			
APPROVED BY Jones TITLE 137. WEST DATE 3-20-2013			
Conditions of Approval (if any):			