

Submit 3 Copies to Appropriate District Office
 District I
 1625 N French Dr, Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd, Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr, Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources
HOBBS OCD
OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505
FEB 16 2012

Form C-103
 May 27, 2004

SUNDRY NOTICES AND 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)		WELL API NO. <input checked="" type="checkbox"/> 30-025-09069
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator LINN OPERATING INC.		6. State Oil & Gas Lease No.
3. Address of Operator 600 TRAVIS, STE 5100 HOUSTON TX, 77002		7. Lease Name or Unit Agreement Name SEVEN RIVERS QUEEN UNIT
4. Well Location Unit Letter <u>E</u> : <u>1980</u> feet from the <u>N</u> line and <u>1980</u> feet from the <u>W</u> line Section <u>27</u> Township <u>22S</u> Range <u>36E</u> NMPM County <u>LEA</u>		8. Well Number <u>006</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3503 GL		9. OGRID Number 270266 <u>269324</u>
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>	
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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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1-20-12 TAGGED EXISTING CMT ON CIBP @ 3598. OK PER MIKE WHITIKER
 1-23-12 CIRC HOLE W/ MLF @ 3598'.
 1-23-12 TBG @ 3000' SPOT 25 SX. DISPLACE TOC @ 2560'.
 1-24-12 PERF @ 1550'. Pkr @ 1045'. Sqz 50 sx. Tag @ 1274'.
 1-25-12 HOLES IN CSG @ 196-228', & ABOVE 130'.
 1-25-12 PKR @ 196'. CIRC CMT TO SURF INSIDE & OUT W/ 60 SX CMT.
 1-25-12 INSTALLED PROPERLY DRY HOLE MARKER.

Approved for plugging of well bore only.
 Liability under bond is retained pending receipt
 of C-103 (Subsequent Report of Well Plugging)
 which may be found at OCD Web Page under
 Forms, www.emnrd.state.nm.us/ocd.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan .

SIGNATURE [Signature] TITLE Gen Mgr DATE 2/7/12

Type or print name _____ E-mail address: _____ Telephone No. _____
For State Use Only

APPROVED BY [Signature] TITLE Staff DATE 2-20-2012
 Conditions of Approval (if any): _____