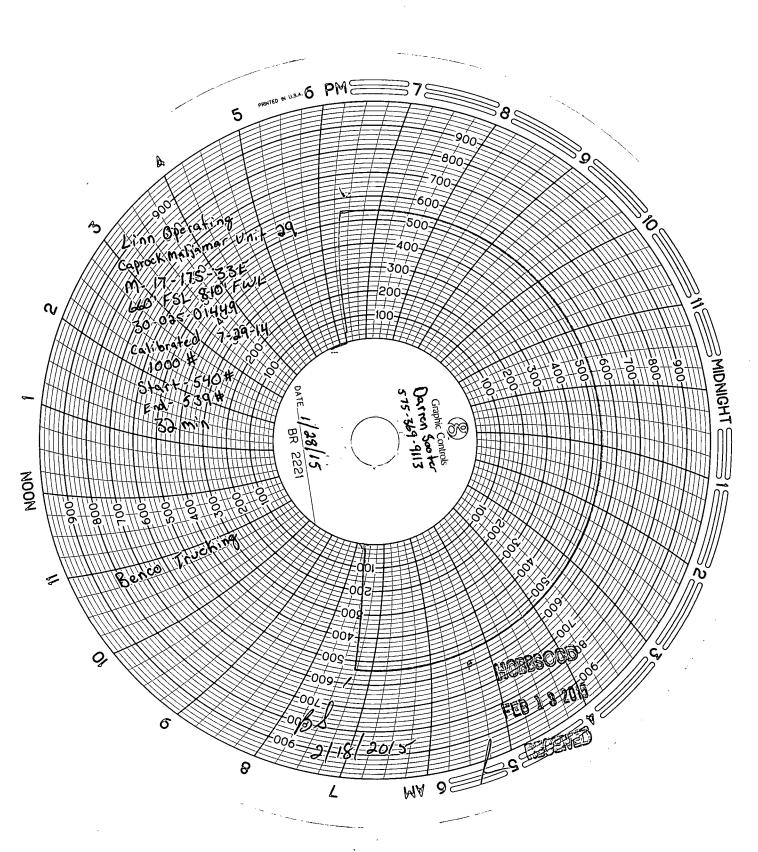
| Submit I Copy To Appropriate District State of New Mexico | Form C-103 | |
|--|---|--|
| Submit I Copy To Appropriate District Office District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283 CONSERVATION DIVISION | Revised July 18, 2013 WELL API NO. 30-025-01449 | |
| 811 S. First St., Artesia, NM 88210 | 5. Indicate Type of Lease | |
| District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 | STATE X FEE | |
| District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505 | 6. State Oil & Gas Lease No. | |
| SUNDRY NÔTICES 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 X Other INJECTION | 8. Well Number 029 | |
| 2. Name of Operator LINN OPERATING, INC. | 9. OGRID Number 269324 | |
| 3. Address of Operator | 10. Pool name or Wildcat | |
| 600 TRAVIS STREET, STE. 5100, HOUSTON, TX 77002 | MALJAMAR; GRAYBURG -SAN ANDRES | |
| 4. Well Location | | |
| | B10feet from the line | |
| Section 17 Township 17S Range 33E | NMPM LEA County | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc. 4203' GR | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, NOTICE OF INTENTION TO: | | |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON I REMEDIAL WORK I ALTERING CASING I | | |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR | | |
| PULL OR ALTER CASING DULTIPLE COMPL CASING/CEMEN | Т ЈОВ 🗌 | |
| | | |
| CLOSED-LOOP SYSTEM | MIT & BRADENHEAD TEST | |
| 13. Describe proposed or completed operations. (Clearly state all pertinent details, an of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Co proposed completion or recompletion. | d give pertinent dates, including estimated date | |
| PLEASE SEE THE ATTACHED BRADENHEAD TEST REPORT AND PASSED N | MIT CHART FOR THE ABOVE MENTIONED WELL | |
| PLEASE SEE THE ATTACHED DRADENTICAD TEST REPORT AND PASSED WIT CHARTTON THE ADOVE MENTIONED WELL | | |
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| | | |
| Spud Date: Rig Release Date: | | |
| | | |
| | | |
| I hereby certify that the information above is true and complete to the best of my knowledge | ge and belief. | |
| <u> </u> | | |
| SIGNATURE MC TITLE Reg. Compl. Spec. 2 | DATE 2/11/15 | |

| E-mail address: | abolanos@linnenergy.com | PHONE: 281-840-4352 |
|-----------------|-------------------------|---------------------|
| | | |

Type or print name Alex Bolanos For State Use Only APPROVED BY: Conditions of Approval (if any): 60 a

TITLE Statt Manager DATE 2/18/2015

FEB 2 0 2015



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