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Submit 1 Copy To Appropriate District Office	Form C-103		
Office District I – (575) 393-6161 Energy, Minerals and Natural Res	cources Revised July 18, 2013		
1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283	WELL API NO.		
District III – (5/5) /48-1283 811 S. First St., Artesia, NM 88210 <u>District III – (505) 334-6178</u> 1000 Rio Brazos Rd., Aztec, NM 87410			
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	6. State Oil & 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 BACI DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			
1. Type of Well: Oil Well Gas Well X Other INJECTION	8. Well Number 022		
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			
Unit Letter 1 : 1980 feet from the S line and 660 feet from the E line			
Section 17 Township 17S Range	33E NMPM LEA County		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4210' GR			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK 🔲 PLUG AND ABANDON 📋 🛛 REME	EDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON 🔲 CHANGE PLANS 🔲 COMI	MENCE DRILLING OPNS. P AND A		
PULL OR ALTER CASING 🔲 MULTIPLE COMPL 🔲 CASII	NG/CEMENT JOB		
CLOSED-LOOP SYSTEM			
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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of			

proposed completion or recompletion.

PLEASE SEE THE ATTACHED BRADENHEAD TEST REPORT AND PASSED MIT CHART FOR THE ABOVE MENTIONED WELL.

Spud Date:	Rig Release Date:	
I hereby certify that the information above is true and c	omplete to the best of my knowledge and belief.	<u></u> ,
SIGNATURE / Mul Bule	TITLE Reg. Compl. Spec. 2	DATE 2/11/15
Type or print name Alex Bolanos	E-mail address: _abolanos@linnenergy.com	PHONE: 281-840-4352
For State Use Only APPROVED BY: Sil Samand Conditions of Approval (if any):	TITLE Staff Manage	DATE 2/18/20/5
	F	EB 2 0 2015

