Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103
District I – (575) 393-6161	Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		Revised July 18, 2013 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283			30-025-09150
811 S. First St., Artesia, NM 88210			5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410			STATE FEE V
<u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			309557
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.)			7. Lease Name or Unit Agreement Name
			SEVEN RIVERS QUEEN UNIT
1. Type of Well: Oil Well ☐ Gas Well ☐ Other INJECTION BS OCD		8. Well Number 025	
2. Name of Operator LINN OPERATING, INC.		MAR 07 2016	9. OGRID Number 269324
3. Address of Operator			10. Pool name or Wildcat
600 TRAVIS, SUITE 5100, HOUS	STON, TEXAS 77002	RECEIVED	EUNICE;SEVEN RIVERS-QUEEN, SOUTH
4. Well Location			
Unit Letter G:1980 feet from the N line and 1980 feet from the E line			
Section 34 Township 22S Range 36E NMPM LEA County			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
12. Check	Appropriate Box to Indicate N	Nature of Notice.	Report or Other Data
화가 사용하는 이 경험에 가는 이 이 사람이 되는 것이 되었다.			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. P AND A			
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB			
DOWNHOLE COMMINGLE			
CLOSED-LOOP SYSTEM			
OTHER:	OTHER: 🛛 PA		SSED MIT TEST
OTHER:			
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 D	Pate:	
I haraby cartify that the information	above is true and complete to the l	aget of my knowledge	ea and haliaf
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
Δ . Δ			
SIGNATURE June TITLE REGULATORY ADVISOR DATE 3-2-2016			
그 있는 사람들이 얼마 하셨다면서 그렇게 하다면 하는 것이 되었다. 그는 사람들이 얼마나 하는 것이 없는 사람들이 되었다면 하는 것이 되었다면서 없다.			
Type or print name <u>LAURA A. MORENO</u> E-mail address: <u>lmoreno@linnenergy.com</u> PHONE: <u>713-904-6657</u>			
For State Use Only			
APPROVED BY: Bel Somanah TITLE Staff Wasager DATE 3/11/16			
Conditions of Approval (if any):			
			1 2016

