Submit 1 Copy To Appropriate District Office	Energy, Minerals and Natural Resources  OIL CONSERVATION DIVISION  1220 South St. Francis Dr.		Form C-103
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240			Revised July 18, 2013 WELL API NO.
District II - (575) 748-1283			30-025-09151
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178			5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410			STATE FEE 6. State Oil & Gas Lease No.
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	54114 1 0, 1111 0	7000	309 55 T
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		SEVEN RIVERS QUEEN UNIT /	
1. Type of Well: Oil Well	Gas Well Other INJECTIO	BBS OCD	8. Well Number 023
2. Name of Operator LINN OPERATING, INC.	/	AR 07 2016	9. OGRID Number 269324
3. Address of Operator	100		10. Pool name or Wildcat
600 TRAVIS, SUITE 5100, HOUS	TON, TEXAS 77002	ECEIVED	EUNICE;SEVEN RIVERS-QUEEN, SOUTH
4. Well Location	C. J. C. J. N. J. J.	660 6.46	w v
Unit Letter E :1980 feet from the N line and 660 feet from the W line			
Section 34 Township 22S Range 36E NMPM LEA County  11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
	11. Elevation (Show whether Div	i, hib, hi, on, ele.	
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  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:   PAS	SSED MIT TEST
omen.			
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	ate:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE Jame (14 Julius) TITLE REGULATORY ADVISOR DATE 3-2-2016			
Type or print name LAURA A. MORENO E-mail address: lmoreno@linnenergy.com PHONE: 713-904-6657			
For State Use Only			
ADDROVED DV BOD SO SOLD STUDY			
APPROVED BY: Separate TITLE Staff Monager DATE 3/11/16 Conditions of Approval (if any):			

MAR 1 4 2016

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