Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103
District I - (575) 393-6161	Energy, Minerals and Nat	tural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		WELL API NO. 30-025-09169
811 S. First St., Artesia, NM 88210			5. Indicate Type of Lease
District III – (505) 334-6178			STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 8	37505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM			309557
87505	CES AND REPORTS ON WELL	C	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOS			7. Lease Name of Omt Agreement Name
DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)	CATION FOR PERMIT" (FORM C-101) F	FOR SUCH	SEVEN RIVERS QUEEN UNIT
1. Type of Well: Oil Well	Gas Well Other INJECTIO	BBS OCD	8. Well Number 017
2. Name of Operator LINN OPERATING, INC.	HO	MAR 07 2016	9. OGRID Number 269324
3. Address of Operator		MAR	10. Pool name or Wildcat
600 TRAVIS, SUITE 5100, HOUS	TON, TEXAS 77002	RECEIVED	EUNICE;SEVEN RIVERS-QUEEN,
		BECEIVE	SOUTH
4. Well Location			
Unit Letter C :660 fee	t from the N line and	1980 feet from	n the W line
Section35	Township 22S	Range361	
	11. Elevation (Show whether DI	R, RKB, RT, GR, etc.	
12. Check A	appropriate Box to Indicate N	Nature of Notice,	Report or Other Data
NOTICE OF IN	TENTION TO	OUD	OF CHENT DEPORT OF
			SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR	
TEMPORARILY ABANDON	CHANGE PLANS	Lat 1	ILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	I JOB \square
DOWNHOLE COMMINGLE			
CLOSED-LOOP SYSTEM		OTHER: PAS	SSED MIT TEST
OTHER:		OTTIER. MITA	JOED WIT TEST
		A Tomas	
			nd give pertinent dates, including estimated da
		C. For Multiple Co	impletions: Attach wellbore diagram of
proposed completion or reco	ompletion.		
	CHED BRADENHEAD TEST RE	EPORT AND PASSI	ED MIT CHART FOR THE ABOVE
MENTIONED WELL.			
Spud Date:	Rig Release D	Date:	
		Land Mark	
I hereby certify that the information	shove is true and complete to the l	hest of my knowledg	re and helief
Thereby certify that the information a	loove is true and complete to the t	best of my knowledg	ge and benef.
. 1			
SIGNATURE June (1)	Aurelio TITLE RE	EGULATORY ADV	<u>TSOR</u> DATE <u>3-2-2016</u>
Sidilition ()	THE ICE	SGCERTION TID V	150K DITT 32 2010
Type or print name LAURA A. MC	PRENO E-mail address: Imore	eno@linnenergy.con	n PHONE: 713-904-6657
For State Use Only			
		0.00	
APPROVED BY: / DUNC	manahtitle	Staff VI	Manager DATE 3/11/16
Conditions of Approval (if any):			

