

Submit 1 Copy To Appropriate District  
Office  
District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised July 18, 2013

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

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.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <b>INJECTION</b> ✓	WELL API NO. 30-025-11596 ✓
2. Name of Operator LINN OPERATING, INC. ✓	5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
3. Address of Operator 600 TRAVIS, SUITE 5100, HOUSTON, TEXAS 77002	6. State Oil & Gas Lease No. <b>309546</b>
4. Well Location Unit Letter <u>M</u> : <u>660</u> feet from the <u>S</u> line and <u>660</u> feet from the <u>W</u> line Section <u>14</u> Township <u>25S</u> Range <u>37E</u> NMPM <u>LEA</u> County ✓	7. Lease Name or Unit Agreement Name LANGLIE MATTIX QUEEN UNIT ✓
	8. Well Number <u>027</u> ✓
	9. OGRID Number <u>269324</u> ✓
	10. Pool name or Wildcat LANGLIE MATTIX; 7 RVRS-Q-GRAYBURG
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3095' GL	

HOBBS OCD  
MAR 07 2016  
RECEIVED

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐  
CLOSED-LOOP SYSTEM ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐  
OTHER: ☒ PASSED MIT TEST

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 complete to the best of my knowledge and belief.

SIGNATURE Laura A. Moreno 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**

APPROVED BY: Bill Serranah TITLE Staff Manager DATE 3/23/16  
Conditions of Approval (if any):

MAR 23 2016

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