

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

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

Form C-103
Revised July 18, 2013

WELL API NO.

30-025-00528

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

CAPROCK MALJAMAR UNIT

8. Well Number 13

9. OGRID Number

269324

10. Pool name or Wildcat

MALJAMAR;GRAYBURG;SAN ANDRES

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 ☐ Gas Well ☒ Other INJECTION

2. Name of Operator

LINN OPERATING, LLC

3. Address of Operator

600 TRAVIS, SUITE 1400, HOUSTON, TEXAS 77002

4. Well Location

Unit Letter J : 1980 feet from the SOUTH line and 1980 feet from the EAST line

Section 13 Township 17S Range 32E NMPM LEA County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

4110' GL

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: RETURN TO INJECTION NOTIFICATION ☒

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.

Linn Operating, LLC is respectfully submitting notification of a return to injection for the referenced well. The effective date of injection is January 17, 2018 with an initial rate was 3 BWPD. *pressure?*

This well was on the ACOI 262-J Agreement and should be classified as active.

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 *Debi Gordon* TITLE Regulatory Manager DATE 01/23/2018

Type or print name Debi Gordon E-mail address: dgordon@linenergy.com PHONE: 281.840.4010

For State Use Only

APPROVED BY: *Karen Sharp* TITLE Staff Mgr DATE 2-8-18

Conditions of Approval (if any):