Submit 1 Copy To Appropriate District Office	State of New Mexico			Form C-103		
District I – (575) 393-6161			al Resources	Revised July 18, 2013 WELL API NO.		
<u>District II</u> - (575) 748-1283	5 N. French Dr., Hobbs, NM 88240 rict II – (575) 748-1283			30-025-01445		
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178				5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505			STATE X FEE		
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	541	144 1 0, 1414 0 7		o. State Off	& Gas Lease No.	
87505 SUNDRY NOTICES AND REPORTS ON WELLS				7 Lease Nat	me or Unit Agreer	nent Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A				CAPROCK MALJAMAR UNIT		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)						
1. Type of Well: Oil Well Gas Well X Other INJECTION				8. Well Number 011		
2. Name of Operator Linn Operating, LLC				9. OGRID Number 269324		
3. Address of Operator				10. Pool name or Wildcat MALJAMAR;		
600 Travis St., Suite 1400, Houston, Tx 77002				GRA	AYBURG-SAN	ANDRES
4. Well Location						
Oint Detter_	: 1980 feet from				et from the EAS	line
Section 17		ip 17S Ran			EA County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4110'						
		4110				
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						
TEMPORARILY ABANDON						
PULL OR ALTER CASING						
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM						
OTHER:			OTHER: Annua			
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.						
proposed completion of re	completion.					
Linn Operating, LLC is respectfully submitting the attached Annual UIC MIT and Bradenhead test						
results for the referenced well.						
Test date: 03/28/2	018					
Result: PASS						
Result. 1760						
Spud Date:		Rig Release Date	e:			
I hereby certify that the informatio	n above is true and co	omplete to the hes	st of my knowledge	e and belief		
	1 411	simplete to the oes	n or my knowledge	und conon		
NOVEMBER VIII III	PITTLE	TITLE			DATE 04/0	0/0040
SIGNATURE Office .	Mund	_TITLE_Regu	latory Consultar	nt	DATE 04/2	6/2018
Type or print name Debbie Litt	tle	E-mail address:	dlittle@linnen	ergy.com	PHONE: _713	.904.6666
For State Use Only		1	1 - 1	1		/
APPROVED BY:	Down	TITLEOMO	liance Off	cer	DATE 5/4	118
Conditions of Approval (if any):						

