

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.)		WELL API NO. 30-025-11601
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTION		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Linn Operating, LLC		6. State Oil & Gas Lease No. 309546
3. Address of Operator 600 Travis St., Suite 1400, Houston, Tx 77002		7. Lease Name or Unit Agreement Name LANGLIE MATTIX QUEEN UNIT
4. Well Location Unit Letter J : 1980 feet from the S line and 1980 feet from the E line Section 15 Township 25S Range 37E NMPM LEA County		8. Well Number 019
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3098' KB		9. OGRID Number 269324
		10. Pool name or Wildcat LANGLIE MATTIX; 7 RVRS-Q-GRAYBURG

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Annual UIC MIT Test <input checked="" type="checkbox"/>	

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 the attached Annual UIC MIT test results for the referenced well.

Test date: 3/22/18

Result: FAIL

HOBBS OCD
MAY 01 2018
RECEIVED

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

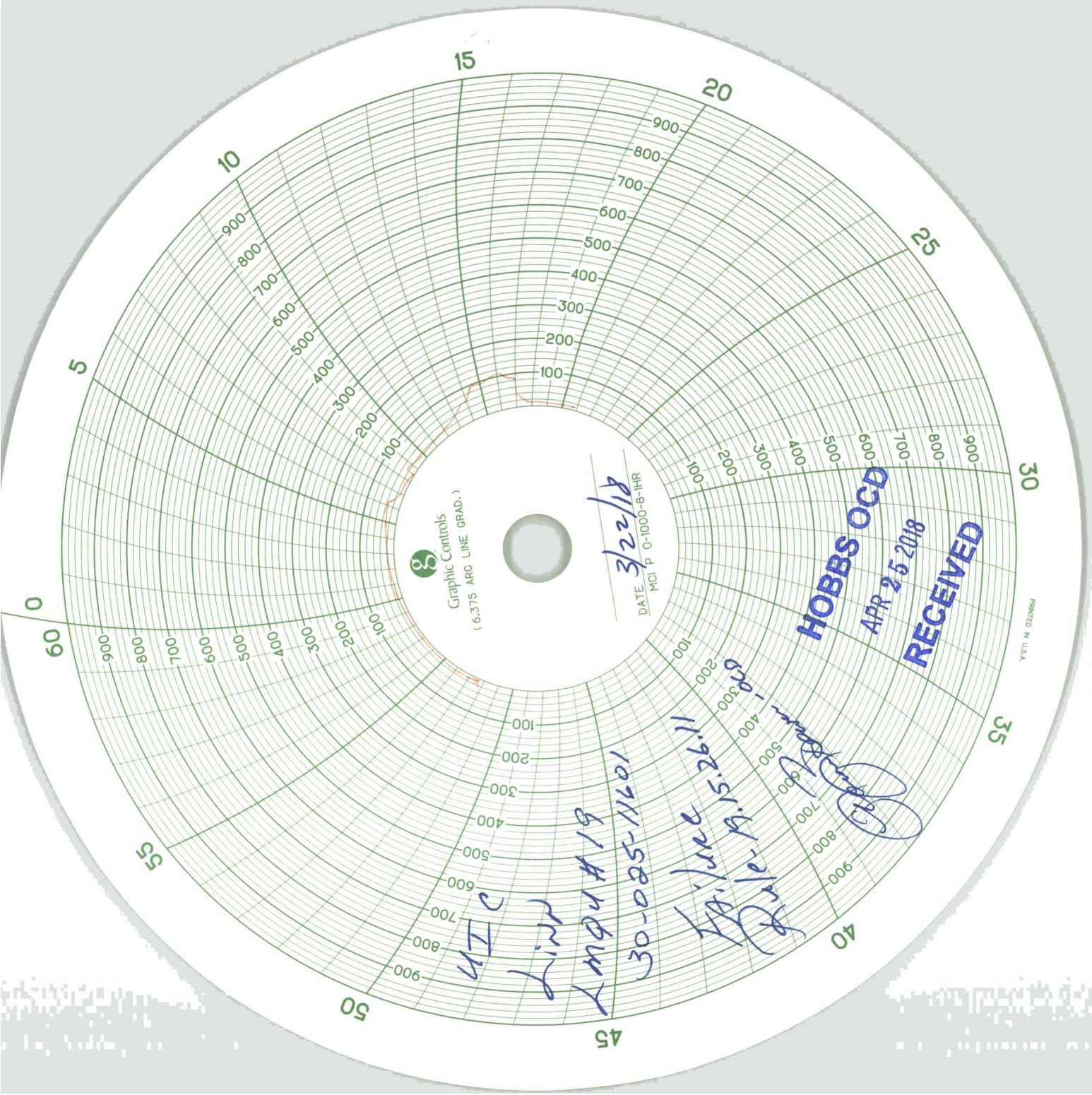
SIGNATURE Debbie Little TITLE Regulatory Consultant DATE 04/26/2018

Type or print name Debbie Little E-mail address: dlittle@linenergy.com PHONE: 713.904.6666

For State Use Only

APPROVED BY: [Signature] TITLE Compliance Officer DATE 5/4/18

Conditions of Approval (if any):



Graphic Controls
(6.375 ARC LINE GRAD.)

DATE 3/22/18

MCI P 0-1000-8-1HR

HOBBS OCD

APR 25 2018

RECEIVED

47C

Limp #19

30-025-11601

19. June

File # 15.26.11

[Signature]