Submit 1 Copy To Appropriate District Office	75) 393-6161 Energy, Minerals and Natural Resources 675) 748-1283 t, Artesia, NM 88210 (505) 334-6178 zos Rd., Aztec, NM 87410 (505) 476-3460 Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		Form C-103	
<u>District I</u> – (575) 393-6161 1625 N French Dr., Hobbs, NM 88240			WELL API NO.	October 13, 2009
<u>District II</u> - (575) 748-1283 811 S First St , Artesia, NM 88210			30-015-05342	
<u>District III</u> – (505) 334-6178			5. Indicate Type of Leas	se FEE ☐ FED
District IV – (505) 476-3460 1220 S. St. Francis Dr , Santa Fe, NM 87505			6. State Oil & Gas Lease	e No.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			SKELLY UNIT	
1. Type of Well: Oil Well Gas Well Other INJECTION			8. Well Number: 065	
2. Name of Operator LINN OPERATING, INC.			9. OGRID Number 269324	
3. Address of Operator 600 TRAVIS, SUITE 5100, HOUSTON, TEXAS 77002			10. Pool name or Wildcat GRAYBURG JACKSON;SR-Q-G-SA	
4. Well Location				
	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$		feet from the	
Section 21	Township 17S 11. Elevation (Show whether L	Range 31.		EDDY County
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF IN			SEQUENT REPORT	
PERFORM REMEDIAL WORK ☑ TEMPORARILY ABANDON ☐	PLUG AND ABANDON CHANGE PLANS	REMEDIAL WOR		RING CASING ☐
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN)A L
DOWNHOLE COMMINGLE				
OTHER:		OTHER:		
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.				
MIRU AND POOH W/ TBG & PACKER. CLEANOUT TO TOP OF FISH AND ACIDIZE				
WELL. RIH AND SET PACKERS IN ORIGINAL LOCATION OF 3087' AND 2950' AND RETURN TO INJECTION.				
INCTOININ TO INSCOTIC	ZIN.		•	
CONTRET OUD TO WITNESS MIT RECEIVED				
			AUG 16 2012	
		N	MOCD ARTESIA	
Cd Date:	D's Deleges	Date		
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 HALLAND TITLE: REGULATORY SPECIALIST III DATE AUGUST 14, 2012				
Type or print name <u>TERRY B. CALLAHAN</u> E-mail address: <u>tcallahan@linnenergy.com</u> PHONE: <u>281-840-4272</u>				
APPROVED BY: Pulland (Now TITLE COMPLIANCE OFFICEL DATE 8/16/12				
APPROVED BY: Conditions of Approval (if any):	TITLE C	omplance	OFFICER DATE	8/16/12