

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
October 13, 2009

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.
30-025-09057

5. Indicate Type of Lease
STATE ☒ FEE ☒

6. State Oil & Gas Lease No.
307952

7. Lease Name or Unit Agreement Name

SEVEN RIVERS QUEEN UNIT

8. Well Number: 009

9. OGRID Number 269324

10. Pool name or Wildcat
EUNICE; SEVEN RIVERS-QUEEN,
SOUTH

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 Taj

2. Name of Operator
LINN OPERATING, INC. ON BEHALF OF SANDRIDGE UNTIL COO

3. Address of Operator
600 TRAVIS, SUITE 5100, HOUSTON, TEXAS 77002

4. Well Location

Unit Letter I: 1980 feet from the S line and 660 feet from the E line
Section 27 Township 22S Range 36E NMPM LEA County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3517 GR

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 ☐

OTHER: RETURN TO PRODUCTION ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

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.

LINN PROPOSES TO MOVE A RIG ONTO LOCATION TO IDENTIFY THE SOURCE OF LEAKOFF WHICH HAS RESULTED IN A FAILED MIT. LINN WILL INSPECT THE PACKER, INJECTION TUBING AND CASING AS NECESSARY. IF A LEAK IS IDENTIFIED, LINN WILL ISOLATE AND ATTEMPT TO SQUEEZE IT OFF WITH CEMENT. IF THE SCOPE OF THE PROJECT CHANGES, LINN WILL SUBMIT A NEW NOI.

Condition of Approval: Notify OCD Hobbs
office 24 hours prior of running MIT Test & Chart

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 Terry B. Callahan TITLE: REGULATORY SPECIALIST III DATE JULY 18, 2011

Type or print name TERRY B. CALLAHAN E-mail address: tcallahan@linnenergy.com PHONE: 281-840-4272

For State Use Only

APPROVED BY: Mark Whitaker TITLE: Compliance Officer DATE 08-05-2011

Conditions of Approval (if any):