Submit One Copy To Appropriate District	State of New Me	exico		Form C-	-103			
Office District I	Energy, Minerals and Natu			Revised November 3,				
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.					
District II 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-025-01536					
District III	1220 South St. Francis Dr.		5. Indicate Type of Lease					
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505		STATE FEE 6. State Oil & Gas Lease No.					
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM				o. State off & Gas Lease No.				
87505	CES AND REPORTS ON WELLS							
(DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOIR. USE "APPLIC.	7. Lease Name or Unit Agreement Name Caprock Maljamar Unit		me					
PROPOSALS.)	Type of Well: Oil Well Gas Well Other Injections		8. Well Number 96					
2. Name of Operator	<u> </u>		9. OGRID Number		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
Linn Operating, Inc	JUI		269324		~ ~			
3. Address of Operator	6 2015		10. Pool name or Wildcat					
600 Travis, Ste. 5100, Houston, TX	77002 PEO		Maljamar; Gra	yburg-San Andres				
4. Well Location	from the South line and 990 feet)						
Unit Letter <u>I : 1650</u> feet	from the <u>South</u> line and <u>990</u> feet	from the <u>East line</u>	- ^		~			
Section <u>28</u> Township	<u>17S Range 33E</u> NMPM	County Edge L						
	11. Elevation (Show whether DR	, RKB, RT, GR, etc.)		•				
12 Charle A state Day (L L'ALANDA CNULLA D		-4-		<u> </u>			
12. Check Appropriate Box to	Indicate Nature of Notice, R	eport or Other D	ata					
NOTICE OF INT	ENTION TO:	SUB	SEQUENT F	REPORT OF:				
PERFORM REMEDIAL WORK 🗍	PLUG AND ABANDON	REMEDIAL WORK	< 🗆	ALTERING CASING	; 🗆 '			
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI		P AND A 🕑	$ \sim $			
PULL OR ALTER CASING		CASING/CEMENT	ЈОВ 🗌		/			
				V Den after De A				
OTHER:	compliance with OCD rules and t			and closure plan	<u> </u>			
	led and leveled. Cathodic protecti				1. ma			
A steel marker at least 4" in dian								
	SE NAME, WELL NUMBER, A	PINUMBER OU	ADTED/OLIAR	3 PTER LOCATION OR	>			
	<u>SE NAME, WELL NOMBER, 2</u> N, TOWNSHIP, AND RANGE.				<u> </u>			
PERMANENTLY STAMP	ED ON THE MARKER'S SUR	FACE.						
	, <u>, , , , , , , , , , , , , , , , , , </u>	1			1			
The location has been leveled as other production equipment.	nearly as possible to original grou	nd contour and has t	been cleared of a	Il junk, trash, flow lines	and			
Anchors, dead men, tie downs ar	id risers have been cut off at least	two feet below grou	nd level					
If this is a one-well lease or last	remaining well on lease, the batter	y and pit location(s)	have been reme	diated in compliance wi	th			
If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed								
from lease and well location.								
All metal bolts and other material	s have been removed. Portable ba	ses have been remov	ved. (Poured ons	ite concrete bases do no	ot have			
to be removed.) All other environmental concern	a have been addressed as per OCE	milas						
Pipelines and flow lines have bee	a abandoned in accordance with	19.15.35.10 NMAC	All fluids have	been removed from non	1-			
retrieved flow lines and pipelines.	in abandoned in accordance with i	19.19.99.10 NMAC.	All Hulus have	been temoved from non	1-			
If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well								
location, except for utility's distribution		r						
When all work has been completed, re	eturn this form to the appropriate I	District office to sche	edule an inspecti	on.				
SIGNATURE Duront	TITLE P .	roduction Spec	cialist	DATE 7/1/15				
TYPE OR PRINT NAME Damen	ScoterE-MAIL:	dsooter@linn.	energy, com	PHONE: 575-369-	9113			
For State Use Only	$\mathcal{D}_{\mathcal{L}}$) ,						
APPROVED BY: March	Thiteken_ TITLE (oupliance O	fficer	DATE $7/1/15$ PHONE: 575-369-0 DATE $7/6/2$	015			
Conditions of Approval (if any):		- 	0.0	T	1 A A A			
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