

Submit 1 Copy To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
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. 30-015-05098
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No. LC 029435 A
7. Lease Name or Unit Agreement Name J.L. Keel "A"
8. Well Number 10
9. OGRID Number 6137
10. Pool name or Wildcat Grayburg Jackson SR-Q-G-SA

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	
2. Name of Operator LINN OPERATING, INC.	
3. Address of Operator 600 Travis St., Suite 5100, Houston, Tx 77002	
4. Well Location Unit Letter <u>I</u> : <u>1980</u> feet from the <u>S</u> line and <u>660</u> feet from the <u>E</u> line Section <u>7</u> Township <u>17S</u> Range <u>31E</u> NMPM Eddy County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3711'	

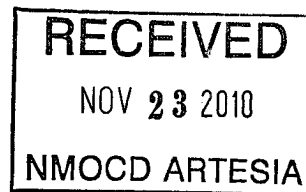
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	P AND A ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPL ☐	CASING/CEMENT JOB ☐	
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.

We have returned this well to injection. The injection rate is 200 BPD

DENIED - NO EXPLANATION OF
WORK PERFORMED TO REPAIR
WELL. RI-NMOC 12/9/10



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 Tammy Scarborough TITLE Field Admin III DATE 11/22/2010

Type or print name Tammy Scarborough E-mail address: tscarborough@linenergy.com PHONE: 432-366-1557
For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____
Conditions of Approval (if any): _____