Submit I Copy To Appropriate District Office	State of New Mexico	Form C-103
District 1	Energy, Minerals and Natural Resources	October 13, 2009
1625 N. French Dr., Hobbs, NM 88240 District II	•	WELL API NO. 30-015-26008
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		LC 054908
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 Hudson Federal
PROPOSALS.)	ATION FOR PERMIT" (FORM C-101) FOR SUCH	8. Well Number 6
Type of Well: Oil Well Name of Operator	Gas Well 🛛 Other	9. OGRID Number 6137
LINN OPERATING, INC.		
3. Address of Operator 600 Travis St., Suite 5100, Houston	Tx 77002	10. Pool name or Wildcat Grayburg Jackson SR-Q-G-SA
4. Well Location		
Unit Letter H :	2310 feet from the N line and	990 feet from the E line
Section 18	Township 17S Range 31E	NMPM Eddy County
	11. Elevation (Show whether DR, RKB, RT, GR, etc	
3699'		
12. Charle Assuranciate Decreated National States and College Date		
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		
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEMEN	IT JOB 📙
DOWNHOLE COMMINGLE		
OTHER:	☐ OTHER:	\boxtimes
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.		
proposed completion of recompletion.		
We have returned this well to injection. The injection rate is 50 BPD		
RECEIVED		
NOV 23 2010		
		NMOCD ARTESIA
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 January Scarbonage TITLE Field Admin III DATE 11/22/2010		
Type or print name <u>Tammy Scarborough</u> E-mail address: <u>tscarborough@linnenergy.com</u> PHONE: <u>432-366-1557</u> For State Use Only		
APPROVED BY: VICHALD NOSE TITLE COMPLIANCE OFFICE DATE 12/9/10 Conditions of Approval (if any):		