|   | Submit 1 Copy To Appropriate District Office S   | tate of New Mex   | cico      | For                             | m C-103         |  |
|---|--|---|-----------|---------------------------------|-----------------|--|
|   | District 1 – (575) 393-6161 Energy, M  | Energy, Minerals and Natural Resources  |           | October 13, 2009                |                 |  |
|   | 625 N. French Dr., Hobbs, NM 88240BBS OCD  |   |           | WELL API NO.                    |                 |  |
|   |  | rict II - (575) 748-1283<br>S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION |           | 30-025-22751                    |                 |  |
|   | District III - (505) 334-6178  |   |           | 5. Indicate Type of Lease       |                 |  |
|   | District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 8/411/6 2 5 2011 1220 South St. Francis Dr.   |   |           | STATE FEE                       | $\boxtimes$ $-$ |  |
|   | <u>District 1v</u> = (505) 476-3460  |   |           | 6. State Oil & Gas Lease No.    |                 |  |
|   | 1220 S. St. Francis Dr., Santa Fe, NM 87505  RECEIVED  SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A   |   |           | 307953                          |                 |  |
|   |  |   |           | 7 Logge Name on Unit Assessment | *               |  |
|   |  |   |           | 7. Lease Name or Unit Agreeme   | nt Name         |  |
|   | DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH  |   |           | HUMPHREY QUEEN UNIT             | _               |  |
|   | PROPOSALS.)  |   |           | 8. Well Number: 023             |                 |  |
|   | 1. Type of Well: Oil Well ☐ Gas Well ☐ Other  2. Name of Operator LINN OPERATING, INC. ON BEHALF OF SANDRIDGE UNTIL COO  3. Address of Operator 600 TRAVIS, SUITE 5100, HOUSTON, TEXAS 77002   |   |           |                                 |                 |  |
|   |  |   |           | 9. OGRID Number 269324          |                 |  |
|   |  |   |           | 10. Pool Wilder                 |                 |  |
|   |  |   |           | 10. Pool name or Wildcat        |                 |  |
|   | 100 110110, 00112 3100, 110 00 1014, 12/A3 7/002   |   |           | LANGLIE MATTIX;7 RVRS-Q         | - /             |  |
|   | 4. Well Location GRAYBURG  |   |           |                                 |                 |  |
|   | Unit Letter O; 100 feet from the S line and 1980 feet from the E   |   |           |                                 |                 |  |
|   |  |   |           |                                 |                 |  |
|   | Section 03 Town  |   | Range 37E | NMPM LEA                        | County          |  |
|   | 11. Elevation (Show whether DR, RKB, RT, GR, etc.)   |   |           |                                 |                 |  |
|   |  |   |           |                                 |                 |  |
|   |  |   |           |                                 |                 |  |
|   | 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 ☐ 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.  |   |           |                                 |                 |  |
|   |  |   |           |                                 |                 |  |
|   |  |   |           |                                 |                 |  |
|   |  |   |           |                                 |                 |  |
|   | 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. |   |           |                                 |                 |  |
|   |  |   |           |                                 |                 |  |
| 1 |  |   |           |                                 |                 |  |
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|   |  |   |           |                                 |                 |  |
|   |  |   |           |                                 |                 |  |
|   | Spud Date:   | D' D I w  |           |                                 |                 |  |
|   | 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 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:  DATE B-25-20/  Conditions of Approval (if any):                        |   |           |                                 |                 |  |
|   |  |   |           |                                 |                 |  |
|   |  |   |           |                                 |                 |  |
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