Submit I Copy To Appropriate District Office		New Mexic			Form C-103
District I - (575) 393-6161				October 13, 2009	
1025 14. Fiction 151., (10005, 1414 60240				WELL API NO.	
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 SFP 2 QIL, CONSERVATION DIVISION				30-025-01490	
811 S. First St., Artes NM 88210 SEP 2 2011 CONSERVATION DIVISION District III – (505) 334-6178 1000 Rio Brazzo Pd. Artes NM 87410			s Dr.	 Indicate Type of I STATE 	
District IV (SOS) 474 (240)				6. State Oil & Gas L	FEE
1220 S. St. Francis Dr., Santa Fe, NM RECEIVED				306907	Cu3C 11Ų.
SUNDRY NOTICES AND REPORTS ON WELLS				7. Lease Name or Ui	ait Agramant Nama
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A				7. Lease Name of O	in Agreement Name
DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)				CAPROCK MALJA	MAR UNIT
1. Type of Well: Oil Well Gas Well Other INJECTION				8. Well Number: 70	
2. Name of Operator				9. OGRID Number	269324.
LINN OPERATING, INC.					
3. Address of Operator				10. Pool name or Wi	ldcat
600 TRAVIS, SUITE 5100, HOUSTON, TEXAS 77002				MALJAMAR;GRAY	BURG-SAN
4. Well Location .				ANDRES	/
Unit Letter J; 1980 feet from the S line and 1980 feet from the E line					
Section 20 Township 17S Range 33E NMPM LEA County 11. Elevation (Show whether DR, RKB, RT, GR, etc.)					
	4,195' GR	iether DK, RK	(B, RT, GR, etc.)		
	寫 4,100 OK			Total Control of the	3.00
12 Check	Appropriate Box to Inc	dicata Natu	re of Notice D	anart or Other De	.to
12. Check	rippropriate box to me	dicate Ivații	ne or monice, K	eport of Other Da	lia .
	NTENTION TO:		SUBS	EQUENT REPO	RT OF:
PERFORM REMEDIAL WORK $oxtimes$	PLUG AND ABANDON	RE	EMEDIAL WORK		TERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI				JING OPNS.□ P	AND A
PULL OR ALTER CASING	· - · - · · · -	□ C/	ASING/CEMENT	JOB 🔲	
DOWNHOLE COMMINGLE					
OTHER:			THER:		П
	pleted operations. (Clearly	state all perti	inent details, and	give pertinent dates i	ncluding estimated date
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.					
I ININI managana da managana di sanda di					
LINN proposes to move a rig onto	ocation to identify the sour	rce of pressure	e loss that caused	the well to fail a Med	chanical Integrity Test
(MIT). LINN will inspect the wellhead, tubing, packer and replace the equipment as necessary. If the tubing, packer, and wellhead are not the source of pressure loss, LINN will isolate the casing leak with a RBP/Packer. Once the leak is isolated, LINN will verbally notify					
the Regulatory Agencies and secure approval before proceeding with the casing remediation work.					
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Spud Date:	Ria D	delease Date:			
opad Suite.		cicase Date.			
I hereby certify that the information	above is true and complete	e to the best o	of my knowledge	and helief	
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Appliab Callab					
SIGNATURE WILL PITLE: REGULATORY SPECIALIST III DATE SEPTEMBER 22,2011					
Type or print name <u>TERRY B. CALLAHAN</u> E-mail address: <u>tcallahan@linnenergy.com</u> PHONE: <u>281-840-4272</u> For State Use Only					
5/2		_	_		~ -
APPROVED BY	TITL	$E \longrightarrow T_{A}$	The no	DATE	1-28-2011
Conditions of Approval (if any):					