

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 October 13, 2009

RECEIVED
HOBBS OGD
CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505
FEB 28 2012

WELL API NO. 30-025-40326
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name EAST HOBBS SAN ANDRES UNIT
8. Well Number: 810
9. OGRID Number 269324
10. Pool name or Wildcat HOBBS; SAN ANDRES, EAST

SUNDRY NOTICES/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, SUITE 5100, HOUSTON, TEXAS 77002

4. Well Location
 Unit Letter _____ P: 130 feet from the _____ S line and _____ 130 feet from the _____ E line
 Section 30 Township 18S Range 39E NMPM LEA County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3,607' GL

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL. <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: NEW WELL <input checked="" type="checkbox"/>	

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.

PLEASE SEE ATTACHMENT

*TOC
 did my sp... count into to surface ???
 OK see Amended Attachment*

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 Terrill TITLE: Regulatory Specialist III DATE February 27, 2012

Type or print name TERRY B. CALLAHAN E-mail address: tcallahan@linenergy.com PHONE: 281-840-4272

For State Use Only

APPROVED BY: [Signature] TITLE: PETROLEUM ENGINEER DATE: FEB 29 2012
 Conditions of Approval (if any): _____

FEB 29 2012

HOBBS OCD

EHSAU #810
API #30-025-40326
ITEM #13 ON SUBSEQUENT SUNDRY

FEB 28 2012

RECEIVED

Spud Date: 01/19/2012

Date	Csg Size	Depth	Cmt Type	Cmt Amt	Additives	Time WOC	Pressure Test
1/24/12	8-5/8"	1894'	Class C	960	Calcium Chloride Cellophane Flakes	24 Hrs	1500 psi
1/31/12	5-1/2"	4700'	Class C	860	BA-10A Bentonite FL-52A Sodium Chloride Cello Flake LCM	24 Hrs	1726 psi

Date Well TTP : 2/14/2012
Perforations: 4490' - 4610'
Acid Job: 194 bbls 15% NEFE HCL Acid

did any
TOC ???
has circulated to
surface ???
see amended
Attachment

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