Submit I Copy To Appropriate District Office State of New Mexico	Form C-103
Office District 1 – (575) 393-6161 HOBBS OSD gy, Minerals and Natural Resource	es October 13, 2009 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283	1
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 MAR 1 5 2012 CONSERVATION DIVISION District III - (505) 334-6178	5 Indicate Type of Lease
1000 Dio Brazios P.d. Artico NIM 87110	STATE 🗌 FEE 🛛
District IV – (505) 476-3460 1220 S St Francis Dr., Santa Fe, NM RECEIVED 87505	6. State Oil & Gas Lease No.
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
DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	EAST HOBBS SAN ANDRES UNIT
1. Type of Well: Oil Well Gas Well Other	8. Well Number: 305
2. Name of Operator LINN OPERATING, INC.	9 OGRID Number 269324
3. Address of Operator	10. Pool name or Wildcat
600 TRAVIS, SUITE 5100, HOUSTON, TEXAS 77002	HOBBS; SAN ANDRES, EAST
4 Well Location Unit Letter 1 1: 2450 feet from the S line and	2430 feet from the E line
Section 30 Township 18S Range 39E NMPM LEA County 11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
3,605° GL	
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	
	CE DRILLING OPNS P AND A BENEFIT P AND A BENE
DOWNHOLE COMMINGLE	EMENT 30B
OTHER 13. Describe proposed or completed operations (Clearly state all pertinent details)	CORRECTED UNIT LETTER Wilsond vive portugent dates including estimated date
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiproposed completion or recompletion.	
PLEASE CORRECT THE UNIT LETTER ON THE EAST HOBBS SAN ANDRES UNIT #305 FROM K TO J.	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my kn	owledge and belief.
SIGNATURE SIGNATURE TITLE: REGULATORY	SPECIALIST III DATE MARCH 15, 2012
Type or print name <u>TERRY B. CALLAHAN</u> E-mail address: <u>tcallahan@linnenerg</u> For State Use Only	
HEALTH COMMON TO THE PARTY OF T	MAR 16 2012
APPROVED BY: TITLE Conditions of Approval (if any):	DATE