

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

HOBBES COIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505 JAN 18 2013		WELL API NO. 30-025-23183
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>		6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: Humphrey Queen Unit		8. Well No. 20
9. OGRID Number 220420		10. Pool name or Wildcat Langlie Mattix; 7 Rivers-Q-Grayburg
SUNDRY NOTICES AND 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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Injection		
2. Name of Operator Linn Operating, Inc.		
3. Address of Operator 600 Travis, Ste 5100, Houston, TX 77002		
4. Well Location Unit Letter M : 100 feet from the South line and 5 feet from the West line Section 3 Township 25-S Range 37-E NMPM County Lea		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3154		
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
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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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

12/26/12 MIRU plugging equipment. Dug out cellar. NU BOP.
12/27/12 RIH w/ tbg and tagged @ 3300'. Circulated hole w/ mud laden fluid. Pressure tested casing. Held 500 psi. POH to 2510'. Spotted 25 sx cement @ 2510-2269'. POH to 1170'. Spotted 25 sx cement @ 1170-929'. POH to 590'. ND BOP. WOC. Tagged plug @ 917'. Spotted 75 sx cement @ 590 - surface.. Topped off surface and rigged down moved off.
12/31/12 Moved in backhoe and welder. Dug out cellar. Cut off wellhead. Welded on Above ground Dry Hole Marker. Backfilled cellar. Removed deadmen. Cleaned location. Moved off.

Approved for plugging of well bore only.
Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under Forms, www.enr.state.nm.us/oed.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative NMOCD-approved plan ☐.

SIGNATURE Gregory B. Callahan TITLE Regulatory Specialist III DATE 1/17/2013
Type or print name Gregory B. Callahan E-mail address: gcallahan@linnenergy.com Telephone No. 281-840-4251
For State Use Only
APPROVED BY Mary M. Brown TITLE Compliance Officer DATE 1/18/2013
Conditions of Approval (if any): _____