

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

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.
30-025-12051

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

SOUTH LEONARD UNIT

8. Well Number: 013

9. OGRID Number 269324

10. Pool name or Wildcat
LEONARD;QUEEN, SOUTH

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 ☐ Gas Well ☒ Other Injection

2. Name of Operator
LINN OPERATING, INC. **HOBBS OCD**

3. Address of Operator
600 TRAVIS, SUITE 5100, HOUSTON, TEXAS 77002 **FEB 14 2014**

4. Well Location

RECEIVED

Unit Letter K: 1980 feet from the S line and 1980 feet from the W line
Section 24 Township 26S Range 37E NMPM LEA County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
2987'

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 ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

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.

Objective: Injection line to be replaced due to poor integrity of the existing line.

Proposed Procedures:

1. Shut in injector.
2. Bleed off line pressure.
3. Blind off injection line at the wellhead and injection station.
4. Replace injection line.
5. Connect new line to the wellhead and injection station.
6. Return well to injection.

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

TITLE: Regulatory Compliance Specialist III

DATE February 13, 2014

Type or print name Terry B. Callahan

E-mail address: tcallahan@linnenergy.com

PHONE: 281-840-4272

For State Use Only

APPROVED BY:

TITLE

Compliance Officer

DATE

02/19/2014

Conditions of Approval (if any):

FEB 20 2014

