

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

Oil Conservation Division

1220 South St. Francis Dr.

Santa Fe, NM 87505

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Form C-103
October 13, 2009

WELL API NO. 30-025-32731
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name CAPROCK MALJAMAR UNIT
8. Well Number: 067
9. OGRID Number 269324
10. Pool name or Wildcat MALJAMAR;GRAYBURG-SAN ANDRES

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 ☐ *JATS*

2. Name of Operator
LINN OPERATING, INC.

3. Address of Operator
600 TRAVIS, SUITE 5100, HOUSTON, TEXAS 77002

4. Well Location
Unit Letter I ; 1945 feet from the S line and 734 feet from the E line
Section 19 Township 17S Range 33E NMPM LEA County
11. Elevation (Show whether DR, RKB, RT, GR, etc.)
4,115' GL

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: **FAILED MIT** ☒

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.

FAILED MIT. RIG UP ON WELL TO IDENTIFY TUBING OR PACKER LEAK.

**The Oil Conservation Division
MUST BE NOTIFIED 24 Hours**

Condition of Approval: notify

OCD Hobbs office 24 hours

Spud Date **Prior to the beginning of operations**

Rig Release Date:

prior of running MIT Test & Chart

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Terry B. Callahan TITLE: REGULATORY SPECIALIST III DATE MARCH 27, 2014

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

For State Use Only

APPROVED BY: Mary Brown TITLE: Compliance Officer DATE 3/28/2014

Conditions of Approval (if any):

Per Underground Injection Control Program Manual

11.6 C Packer shall be set within or less than 100

feet of the uppermost injection perms or open hole.

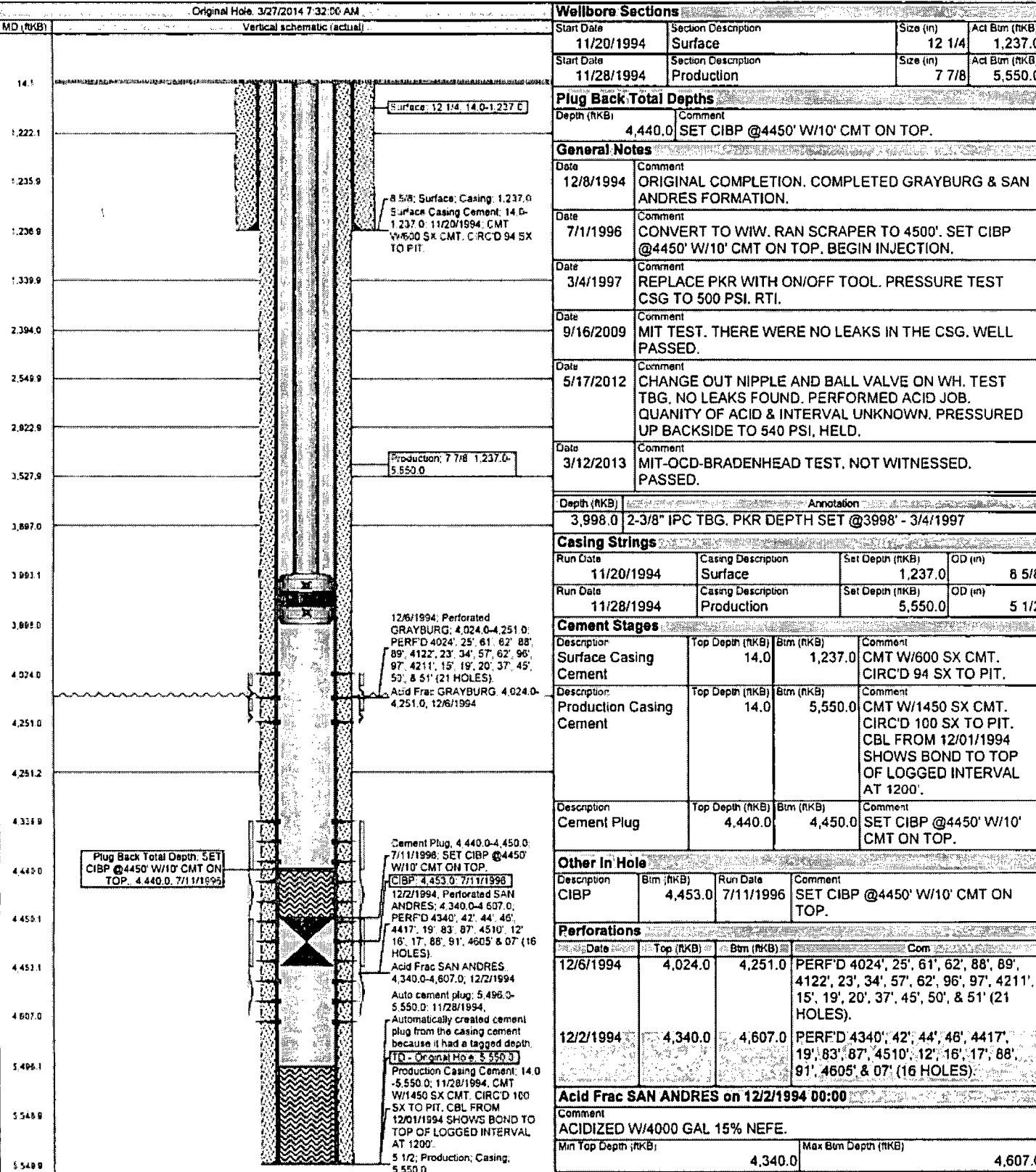
MAR 31 2014



Current Well Schematic (NM)

Well Name: CAPROCK MALJAMAR UNIT 067

API/Well	Field Name	County	State/Prov	Section	Township	Range	Survey	Block
3002532731	PB - Caprock Maljamar	Lea	NM	19	017-S	033-E		
Ground Elevation (ft)	Ong KB Elev (ft)	KB-Grd (ft)	Initial Spud Date	Rig Release Date	TD Date	Latitude (°)	Longitude (°)	Operated?
4,115.00	4,129.00	14.00	11/19/1994			32° 49' 5.196" N	103° 41' 46.849" W	Yes



HOBBS OCD

MAR 28 2014

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