

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

HOBBS O&G State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
October 13, 2009

APR 01 2014
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
RECEIVED

WELL API NO. 30-025-01477
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 ✓ CAPROCK MALJAMAR UNIT
8. Well Number: 53
9. OGRID Number 269324
10. Pool name or Wildcat ✓ MALJAMAR;GRAYBURG-SAN ANDRES

4. Well Location Unit Letter <u>H</u> : <u>1980</u> feet from the <u>N</u> line and <u>660</u> feet from the <u>E</u> line Section <u>19</u> Township <u>17S</u> Range <u>33E</u> NMPM LEA County	11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4156'
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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.

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

4. Well Location

Unit Letter H: 1980 feet from the N line and 660 feet from the E line
Section 19 Township 17S Range 33E NMPM LEA County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
4156'

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 ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

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

OTHER: 5 YR MIT ☒

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 FIND ATTACHED 2014 FIVE YEAR MIT TEST

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 Terry B. Callahan TITLE: REG COMPLIANCE SPECIALIST III DATE MARCH 31, 2014

Type or print name TERRY B. CALLAHAN
For State Use Only

E-mail address: tcallahan@linnenergy.com

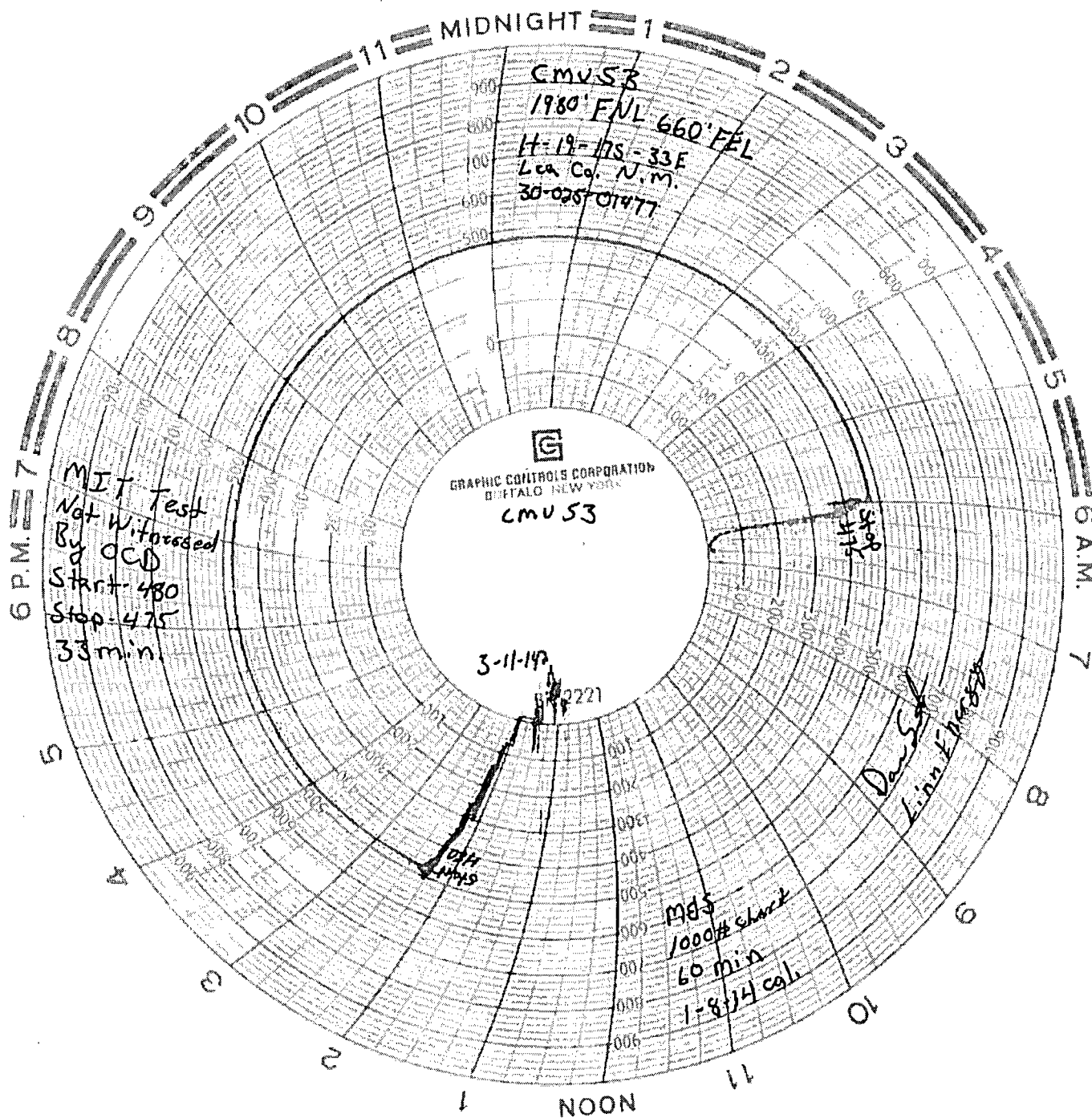
PHONE: 281-840-4272

APPROVED BY: Beth Laramore TITLE: Staff Manager DATE 4-1-14

Conditions of Approval (if any):

APR 21 2014

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