Submit 1 Copy To Appropriate District Office District 1 - (575) 393-6161 State of New Mexico Energy, Minerals and Natural Resources	Form C-103 October 13, 2009
1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283 ADD 0 1 2014 OIL CONSERVATION DIVISION 811 S. First St., Artesia, NM 88210 0 1 2014 OIL CONSERVATION DIVISION District III - (505) 334-6178 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Azlec, NM 87410 District IV - (505) 476-3460 RECEIVED 1220 S. St. Francis Dr., Santa Fe, NM 87505	WELL API NO. 30-025-01492 5. Indicate Type of Lease STATE ☑ FEE ☐ 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 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	7. Lease Name or Unit Agreement Name CAPROCK MALJAMAR UNIT 8. Well Number: 71 9. OGRID Number 269324 10. Pool name or Wildcat
600 TRAVIS, SUITE 5100, HOUSTON, TEXAS 77002 4. Well Location	MALJAMAR;GRAYBURG-SAN ANDRES
Unit Letter 1; 1980 feet from the S line and 660 Section 20 Township 17S Range 33E 11. Elevation (Show whether DR, RKB, RT, GR, etc.)	NMPM LEA County
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. P AND A DOWNHOLE COMMINGLE 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.	
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 SIGNATURE TITLE: REG COMPLIANCE SPECIALIST III DATE MARCH 31, 2014	
Type or print name TERRY B. CALLAHAN E-mail address: tcallahan@linnenergy.com PHONE: 281-840-4272 For State Use Only APPROVED BY: State Wavager DATE 4-1-14	
Conditions of Approval (if any):	DAIE . ///

HOBBS OCD

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