

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

RECEIVED
HOBBS OGD
ADD 01 2014

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------|
| 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.) | | WELL API NO. 30-025-12050 |
| 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other INJECTION | | 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 2. Name of Operator LINN OPERATING, INC. ✓ | | 6. State Oil & Gas Lease No. |
| 3. Address of Operator 600 TRAVIS, SUITE 5100, HOUSTON, TEXAS 77002 ✓ | | 7. Lease Name or Unit Agreement Name SOUTH LEONARD UNIT |
| 4. Well Location Unit Letter <u>F</u> ; <u>1980</u> feet from the <u>N</u> line and <u>1980</u> feet from the <u>W</u> line Section <u>24</u> Township <u>26S</u> Range <u>37E</u> NMPM LEA County | | 8. Well Number: 008 |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | 9. OGRID Number 269324 |
| | | 10. Pool name or Wildcat LEONARD;QUEEN, SOUTH |

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

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:

TITLE Staff Manager

DATE 4-3-14

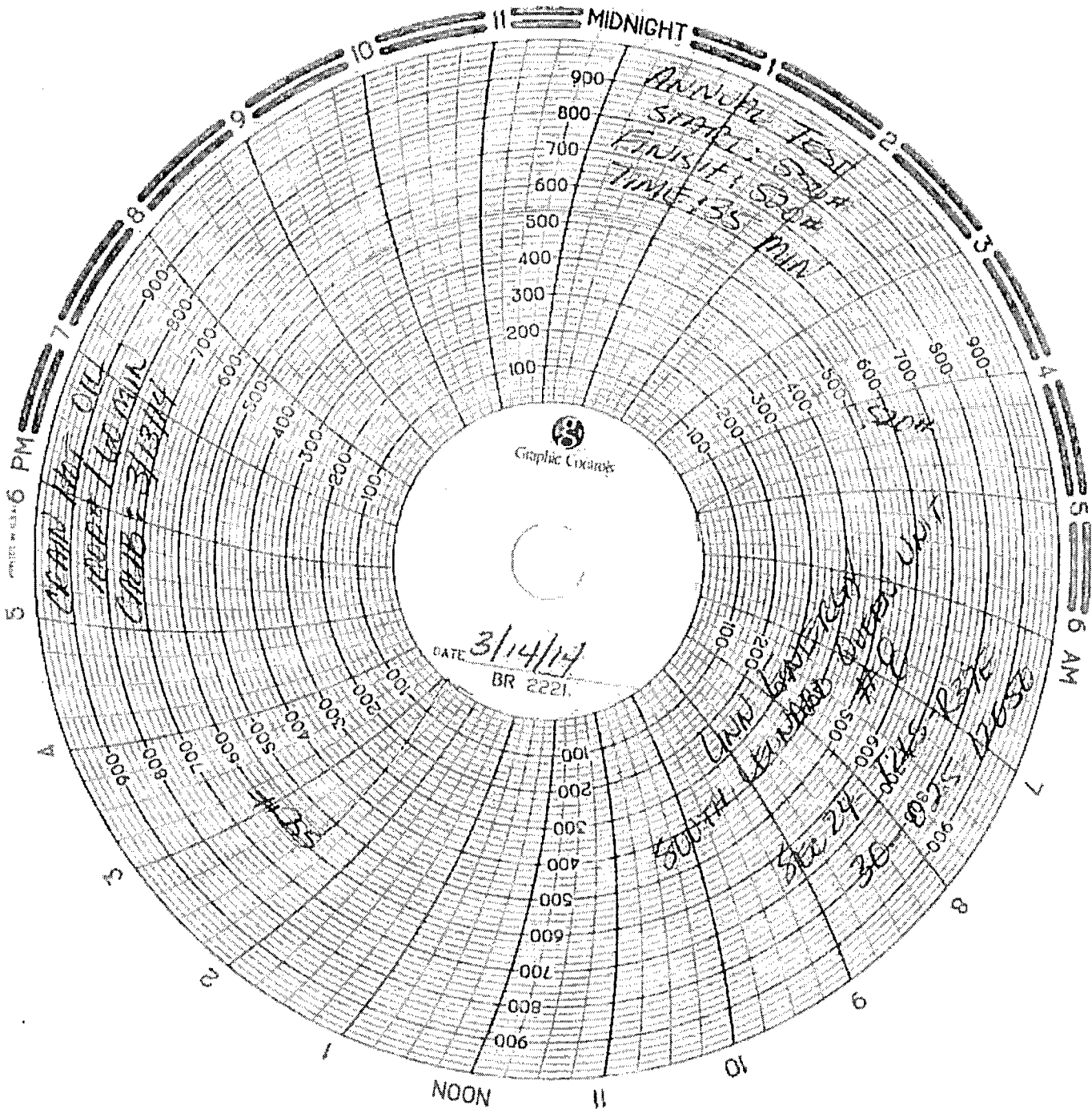
Conditions of Approval (if any):

APR 21 2014

HOBBS OCD

APR 01 2014

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