

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. 30-025-36832
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name EAST HOBBS SAN ANDRES UNIT
8. Well Number: 505
9. OGRID Number 269324
10. Pool name or Wildcat HOBBS; SAN ANDRES, EAST

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 **HOBBS OCD**

2. Name of Operator
LINN OPERATING, INC. **MAY 14 2014**

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

4. Well Location
 Unit Letter J 1720 feet from the S line and 2340 feet from the E line
 Section 30 Township 18S Range 39E NMPM LEA County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3604' DF Elevation

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input checked="" type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	OTHER: BHT <input checked="" type="checkbox"/>		

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.

Replaced top joint with 4' sub & valve, contacted Maxey Brown at the OCD and re-ran Bradenhead test (passed and not witnessed).

Attached:
 BHT
 Copy of Letter of Violation

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 Callahan TITLE: Regulatory Compliance Specialist III DATE May 14, 2014

Type or print name TERRY B. CALLAHAN E-mail address tcallahan@linenergy.com PHONE: 281-840-4272
 For State Use Only

FOR RECORD ONLY Bill Semanek TITLE Staff Manager DATE 5/20/2014
 Conditions of Approval (if any):

FOR RECORD ONLY

MAY 20 2014