

Submit 1 Copy To Appropriate District Office

District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88241  
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

HOBBES OGD  
FEB 1 2015  
RECEIVED

State of New Mexico

Energy, Minerals and Natural Resources

CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

Form C-103

Revised July 18, 2013

WELL API NO. 30-025-01449	✓
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 029	✓
9. OGRID Number 269324	
10. Pool name or Wildcat MALJAMAR; GRAYBURG -SAN ANDRES	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4203' GR	

**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 STREET, STE. 5100, HOUSTON, TX 77002

4. Well Location  
Unit Letter M : 660 feet from the S line and 810 feet from the W line  
Section 17 Township 17S Range 33E NMPM LEA County

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

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK
- TEMPORARILY ABANDON
- PULL OR ALTER CASING
- DOWNHOLE COMMINGLE
- CLOSED-LOOP SYSTEM
- OTHER:

SUBSEQUENT REPORT OF:

- REMEDIAL WORK
- COMMENCE DRILLING OPNS.
- CASING/CEMENT JOB
- ALTERING CASING
- P AND A
- MIT & BRADENHEAD TEST

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 SEE THE ATTACHED BRADENHEAD TEST REPORT AND PASSED MIT CHART FOR THE ABOVE MENTIONED WELL.

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 Alex Bolanos TITLE Reg. Compl. Spec. 2 DATE 2/11/15

Type or print name Alex Bolanos E-mail address: abolanos@lennenergy.com PHONE: 281-840-4352

For State Use Only

APPROVED BY: Bill Semanah TITLE Staff Manager DATE 2/18/2015

Conditions of Approval (if any):

FEB 20 2015

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