Office	ate of New Mexico nerals and Natural Resources	Form C-103 Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District III - (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		WELL API NO. 30-025-01457
		5. Indicate Type of Lease STATE X 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		7. Lease Name or Unit Agreement Name CAPROCK MALJAMAR UNIT
PROPOSALS.) 1. Type of Well: Oil Well Gas Well X Other INJECTION		8. Well Number 018
2. Name of Operator LINN OPERATING, INC.		9. OGRID Number 269324
3. Address of Operator		10. Pool name or Wildcat
600 TRAVIS STREET, STE. 5100, HOUSTON, TX 77002		MALJAMAR; GRAYBURG -SAN ANDRES
4. Well Location Unit Letter 1980 feet from the S line and 660 feet from the E line		
Unit Letter : 1980 feet from Section : 1980 Towns	m the me and	60 feet from the E line NMPM LEA County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4201' GR		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO PERFORM REMEDIAL WORK PLUG AND ABATEMPORARILY ABANDON CHANGE PLAN PULL OR ALTER CASING MULTIPLE COMDOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM	ANDON REMEDIAL WORK	LLING OPNS. P AND A
OTHER:	OTHER:	MIT & BRADENHEAD TEST X
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 FAILED 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 knowledg	e and belief.
SIGNATURE MUGBICAL	TITLE Reg. Compl. Spec. 2	DATE 2/10/15
Type or print name Alex Bolanos	E-mail address: _abolanos@linne	nergy.com PHONE: 281-840-4352
For State Use Only		,
APPROVED BY: Sill Xon amak Conditions of Approval (if any):	TITLE Staff Wa.	vage DATE 2/18/2015

