

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

HOBBSOCD
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State of New Mexico
Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

WELL API NO. 30-025-01486	✓
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 037	
9. OGRID Number 269324	
10. Pool name or Wildcat MALJAMAR; GRAYBURG -SAN ANDRES	

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> 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 <u>D</u> : <u>660</u> feet from the <u>N</u> line and <u>694</u> feet from the <u>W</u> line Section <u>19</u> Township <u>17S</u> Range <u>33E</u> NMPM LEA County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4123' GR	

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

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

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 knowledge and belief.

SIGNATURE Alex Bolanos TITLE Reg. Compl. Spec. 2 DATE 2/10/15

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

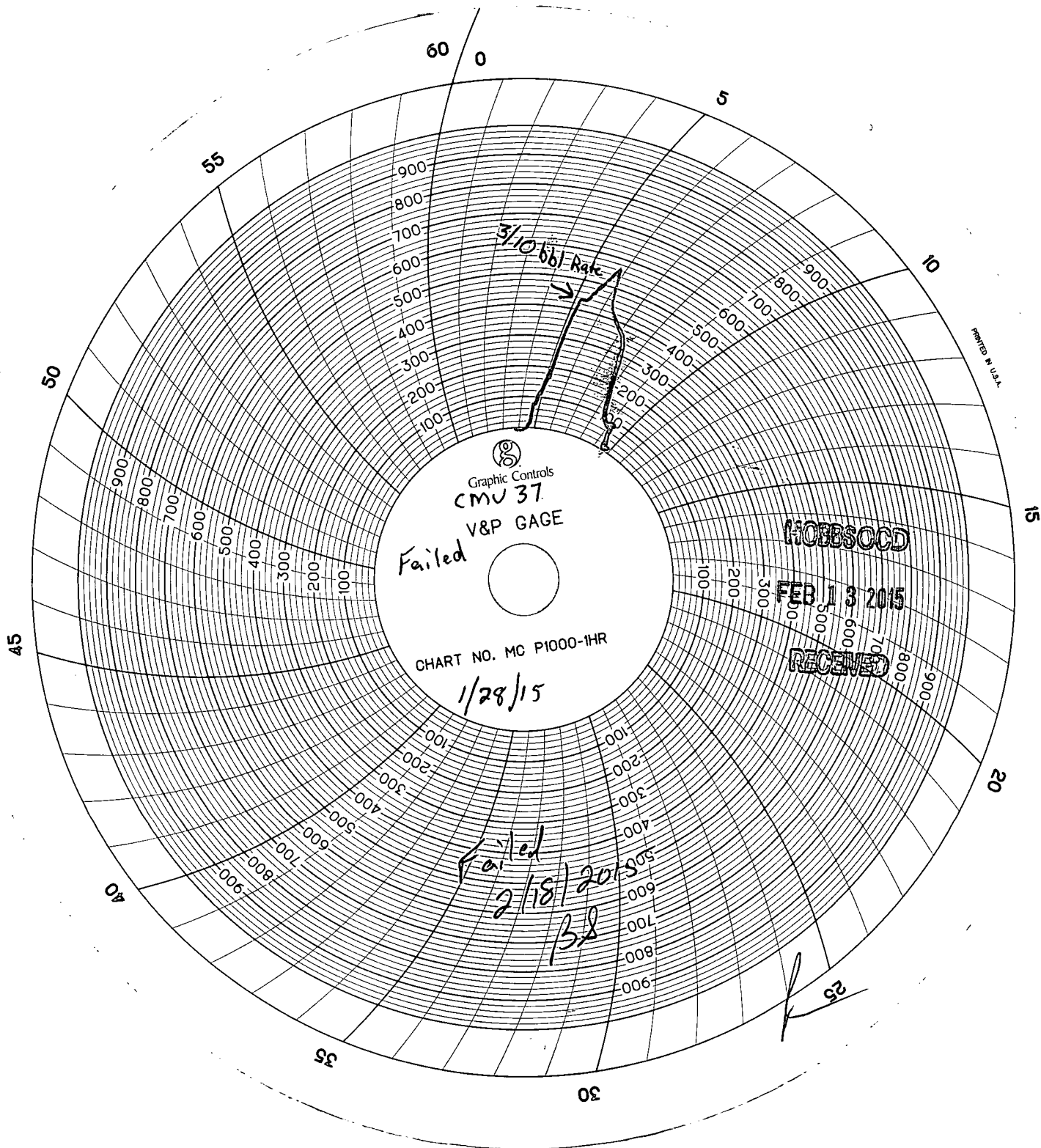
For State Use Only

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

Conditions of Approval (if any):

FEB 24 2015

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Graphic Controls
CMV 37
V&P GAGE

Failed

CHART NO. MC P1000-1HR

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2/18/2015
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