Submit 1 Copy To Appropriate District	State of New Mexico		Form C-103
Office <u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283			WELL API NO. 30-025-00497
811 S. First St., Artesia, NM 88210			5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410			STATE FEE E
District IV - (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name
(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			MALJAMAR GRAYBURG UNIT 🖊
PROPOSALS.)			8. Well Number 053
1. Type of Well: Oil Well Gas Well Other INJECTION 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 LetterE	1980 feet from the N	line and61	o feet from the W line
Section 10	Township 178 Rang		NMPM LEA County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4128' GR			
4120 GR			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ARANDON ALTERING CASING COMMENCE PRINCIPLE OF THE PROPERTY OF THE PROPERT			
TEMPORARILY ABANDON			
DOWNHOLE COMMINGLE			
CLOSED-LOOP SYSTEM			
OTHER:		THER:	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.			
proposed completion of recompletion.			
PLEASE SEE THE ATTACHED BRADENHEAD TEST REPORT AND FAILED MIT CHART FOR THE ABOVE MENTIONED WELL			
1 1 1 2 1 1 2 1 2 1 2 1 2 DIS			
Mit Violation Settler 2/3/2015 (618) LAD/OCD			
(6B) AAD(OCI)			
Spud Date:	Rig Release Date:		
•			
hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE // KILL Spec. 2 TITLE Reg. Compl. Spec. 2			DATE 2/23/15
Type or print name Alex Bolanos	E-mail address:	abolanos@linnen	ergy.com PHONE: 281-840-4352
For State Use Only			
APPROVED BY: Step So	warrah TITLE State	f Marian	- DATE \$16/2015
Conditions of Approval (if any):			

MA. 1 0 201

