

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

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

WELL API NO. 30-025-01462
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 001
9. OGRID Number 269324
10. Pool name or Wildcat 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 ☐ Gas Well ☒ Other INJECTION **HOBBS OGD**

2. Name of Operator
LINN OPERATING, INC. **MAR 18 2015**

3. Address of Operator
600 TRAVIS STREET, STE. 5100, HOUSTON, TX 77002 **RECEIVED**

4. Well Location
Unit Letter B : 660 feet from the N line and 1980 feet from the E line
Section 18 Township 17S Range 33E NMPM LEA County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
4226' GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: ☒ PASSED MIT 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 PASSED MIT CHART FOR THE ABOVE MENTIONED WELL. PLEASE RESOLVE

THE ENCLOSED NOTICE OF VIOLATION AT YOUR EARLIEST CONVENIENCE.

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 3/16/15

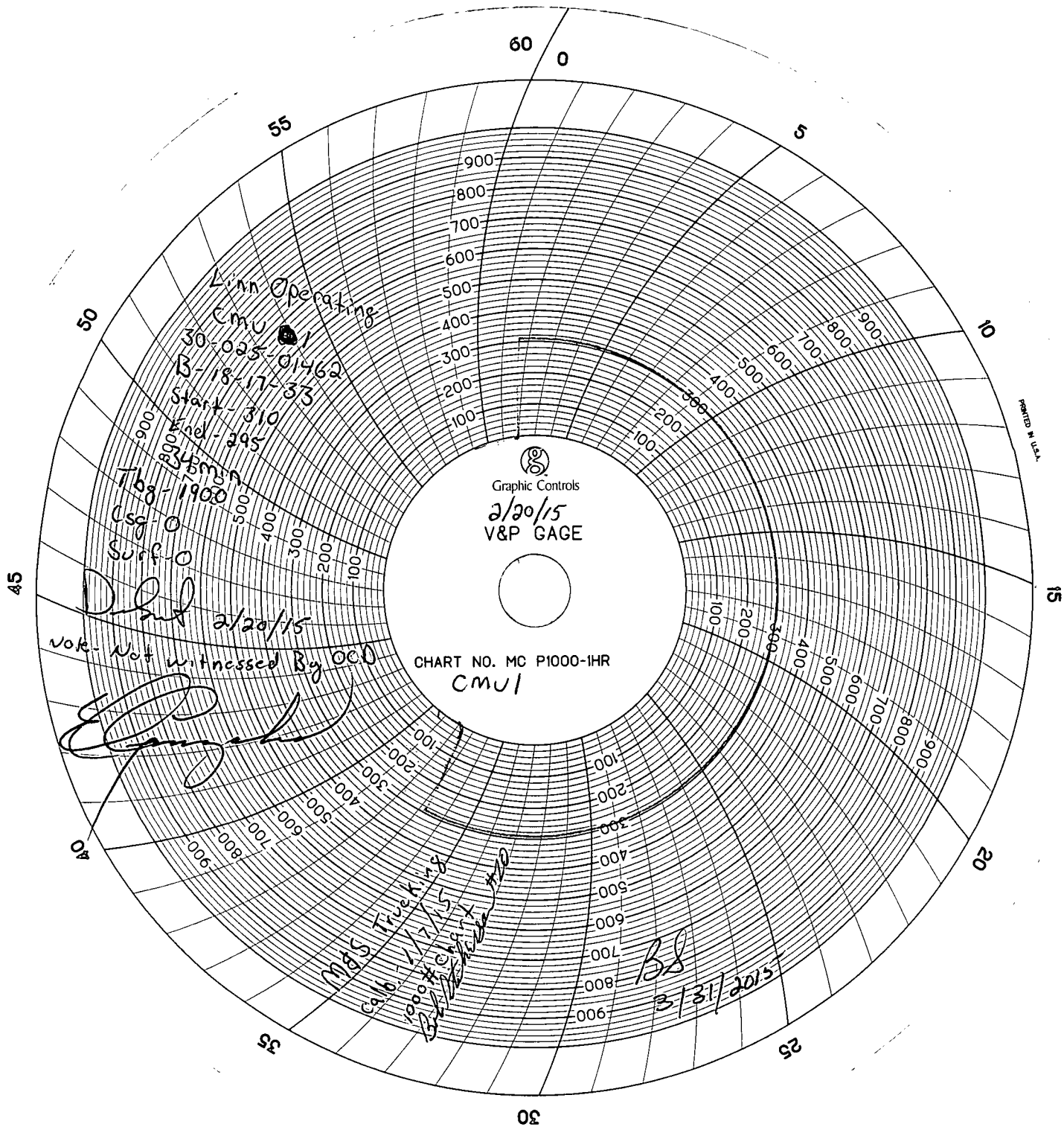
Type or print name Alex Bolanos E-mail address: abolanos@linnenergy.com PHONE: 281-840-4352

For State Use Only

APPROVED BY: *Beth Samanah* TITLE Staff Manager DATE 3/31/2015

Conditions of Approval (if any):

APR 02 2015



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