

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

Form C-103
 Revised July 18, 2013

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

WELL API NO. 30-025-21271
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 SOUTHLANE
8. Well Number 035
9. OGRID Number 269324
10. Pool name or Wildcat SWD;DEVONIAN
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4213' GL

HOBBS OCD
FEB 22 2016
RECEIVED

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 SWD

2. Name of Operator
LINN OPERATING, INC.

3. Address of Operator
600 TRAVIS, SUITE 5100, HOUSTON, TEXAS 77002

4. Well Location
 Unit Letter D : 500 feet from the N line and 500 feet from the W line
 Section 35 Township 10S Range 33E NMPM LEA County

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

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

1/19/16-1/30/16

- MIRU, POOH w/TBG & unset packer. TIH w/ 2 3/8" TBG, set 5 1/2" packer @ 11,722'
- Received verbal approval from Maxey Brown to run MIT w/o witness. Pressure up to 400 PSI or 47 min. Lost 8 PSI, test good.
- Pump 2500 GAL 15% HCL w/80 BBLs 2% KCL
- Well returned to injection 1/26/16, RDMO

Please see attached procedure along with MIT chart.

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 Laura A. Moreno TITLE REG COMPLIANCE ADVISOR DATE 2-11-2016

Type or print name LAURA A. MORENO E-mail address: lmoreno@linnenergy.com PHONE: 713-904-6657

For State Use Only

APPROVED BY: Bill Samama TITLE Staff Manager DATE 3/2/16
 Conditions of Approval (if any):

MAR 03 2016 ... *fm*

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LINK OPERATING INC
FOURTH LANE SUITE 35
BO-025-21271
D-35-105-33E

Start PSI 410#
FIN PSI 385#
TIME 47 MIN
E. J. [Signature]

Graphic Controls
MPS SERVICE
ON TESTING

Jared Roth

DATE 1-29-16
BR 2221

BS
3/2/16

