

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. 30-025-11518	<input checked="" type="checkbox"/>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 309546	
7. Lease Name or Unit Agreement Name LANGLIE MATTIX QUEEN UNIT	
8. Well Number 007	<input checked="" type="checkbox"/>
9. OGRID Number 269324	<input checked="" type="checkbox"/>
10. Pool name or Wildcat LANGLIE MATTIX; 7 RVRS-Q-GRAYBURG	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3109' GL	

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

2. Name of Operator  
 LINN OPERATING, INC.

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

4. Well Location

Unit Letter P : 990 feet from the S line and 990 feet from the E line

Section 10 Township 25S Range 37E NMPM LEA County

HOBBS OCD  
 MAR 07 2016  
 RECEIVED

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 BRADENHEAD TEST REPORT AND PASSED 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.

CF

SIGNATURE Laura A. Moreno TITLE REGULATORY ADVISOR DATE 3-2-2016

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

For State Use Only

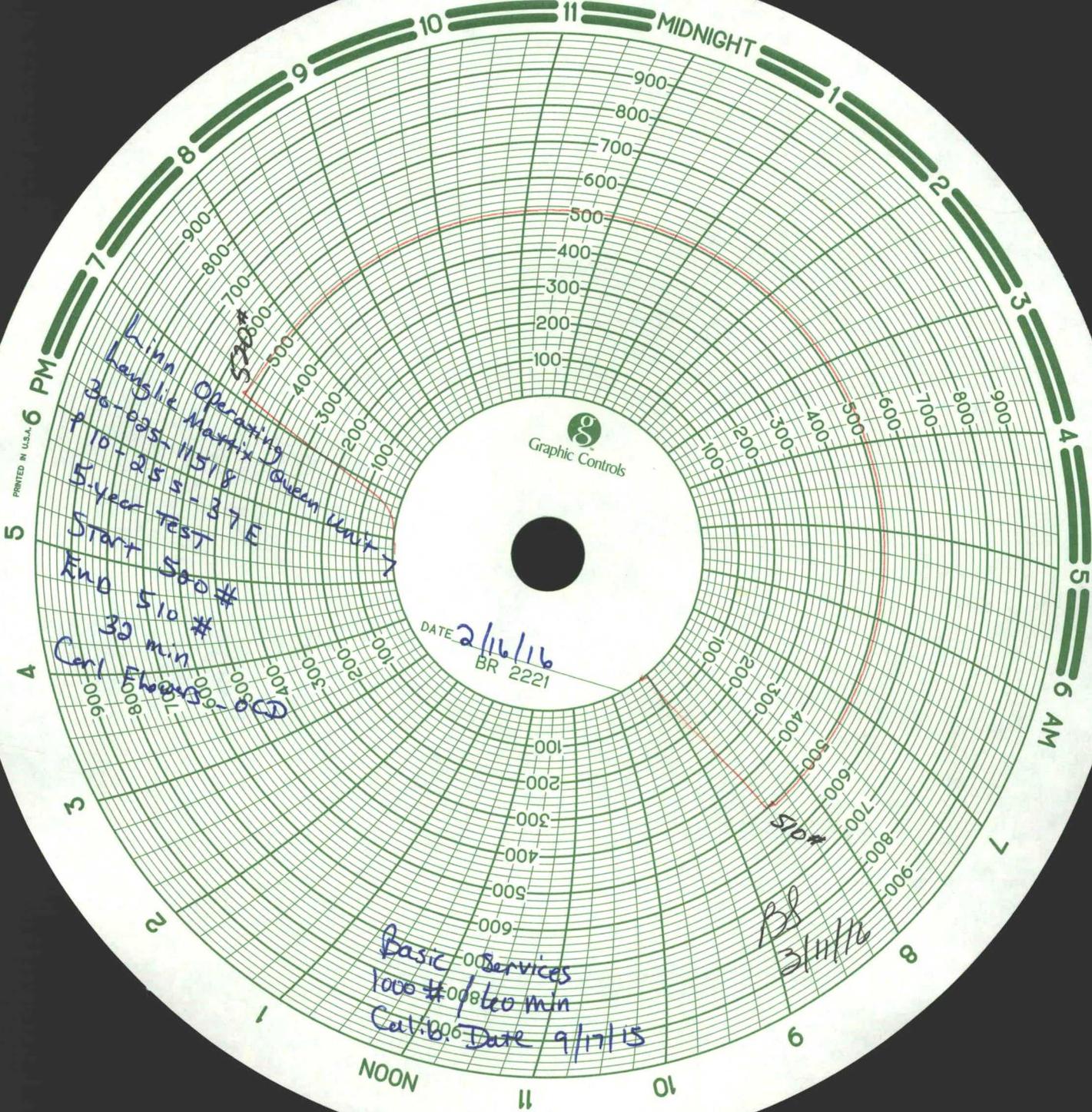
APPROVED BY: Bill Lomamah TITLE Staff Manager DATE 3/11/16

Conditions of Approval (if any):

MAR 14 2016

jm

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Graphic Controls

DATE 2/16/16  
BR 2221

Linn Operating  
 Langlie Matrix  
 30-025-11518  
 10-255-37 E  
 5-year test  
 Start 500 #  
 End 510 #  
 30 min  
 Carl Edwards

Basic Services  
 1000 # / 60 min  
 Cal. Date 9/17/15

BR  
 2/16/16