

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. 30-025-11596	<input checked="" type="checkbox"/>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No. <u>309546</u>	
7. Lease Name or Unit Agreement Name LANGLIE MATTIX QUEEN UNIT	<input checked="" type="checkbox"/>
8. Well Number 027	<input checked="" type="checkbox"/>
9. OGRID Number 269324	<input checked="" type="checkbox"/>
10. Pool name or Wildcat LANGLIE MATTIX; 7 RVR-S-Q-GRAYBURG	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3095' 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 M : 660 feet from the S line and 660 feet from the W line
 Section 14 Township 25S Range 37E NMPM LEA County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3095' GL

HOBBS OCD
MAR 07 2016
RECEIVED

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: <input checked="" type="checkbox"/> 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.

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: Ell Sernamah TITLE Staff Manager DATE 3/22/16

Conditions of Approval (if any):

MAR 23 2016 

PRINTED IN U.S.A. 6 PM

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NOON

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Graphic Controls

DATE 2/18/16
BR 2221

Handwritten signature

UNIT OPERATING
LAWRENCE MATTIE GREEN UNIT
27

30-025-11596
M 14-255-37E

5 yr test
START: 580#
END: 560#
30 min

2/18/16

27

BASIC SERVICES
1000# / 60 min
CALIB DATE 9/10/15