

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

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.)		WELL API NO. 30-025-01531
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other INJECTION		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator LINN OPERATING, INC.		6. State Oil & Gas Lease No.
3. Address of Operator 600 TRAVIS, SUITE 5100, HOUSTON, TEXAS 77002		7. Lease Name or Unit Agreement Name CAPROCK MALJAMAR UNIT
4. Well Location Unit Letter <u>K</u> : 1980 feet from the <u>S</u> line and <u>1980</u> feet from the <u>W</u> line Section <u>28</u> Township <u>17S</u> Range <u>33E</u> NMPM <u>LEA</u> County		8. Well Number 094
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 269324
		10. Pool name or Wildcat MALJAMAR; GRAYBURG-SAN ANDRES

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.

SIGNATURE Laura A. Moreno TITLE REGULATORY ADVISOR DATE 6-2-2016

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

For State Use Only

APPROVED BY: Mary Brown TITLE Dist Supervisor DATE 6/6/2016

Conditions of Approval (if any):

Graphic Controls
(6.375 ARC LINE GRAD.)

DATE 5/12/16
MCI P 0-1000-8-1HR

HOBBS OCD

JUN 09 2016

RECEIVED

Start

Linn

Cmu # 94

30-025-01531

K-28-175-33E

CA. 6. DATE 1/25/16

1000 #

Start - 4/15/16

end - 3/8/16

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PRINTED IN U.S.A.

HOBBS OCD

JUN 06 2016

RECEIVED

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name <u>✓ LINN OPERATING</u>	API Number <u>30-025-01531</u>
Property Name <u>CAPROCK MALSAMAR UNIT</u>	Well No. <u>94</u>

2. Surface Location

UL - Lot <u>K</u>	Section <u>28</u>	Township <u>17S</u>	Range <u>33 E</u>	Feet from <u>1980</u>	N/S Line <u>S</u>	Feet from <u>1980</u>	E/W Line <u>W</u>	County <u>Lea</u>
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Well Status

TA'D WELL <u>YES</u>	SHUT-IN <u>NO</u>	INJECTOR <u>NO</u>	SWD <u>NO</u>	OIL <u>NO</u>	PRODUCER <u>NO</u>	GAS <u>NO</u>	DATE <u>5/12/16</u>
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OBSERVED DATA

	(A) Surface	(B) Interim(1)	(C) Interim(2)	(D) Prod Casing	(E) Tubing
Pressure	<u>0</u>	<u>0</u>	<u>NA</u>	<u>0</u>	<u>2450</u>
Flow Characteristics					
Puff	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	CO2 <u>—</u>
Steady Flow	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	WTR <u>X</u>
Surges	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	GAS <u>—</u>
Down to nothing	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	Type of Fluid
Gas or Oil	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	Injected Air
Water	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	Waterflood if applies

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Signature: <u>Eddie J. Jaramillo</u>	OIL CONSERVATION DIVISION
Printed name: <u>Eddie J. Jaramillo</u>	Entered into RBDMS
Title: <u>PRODUCTION SPECIALIST</u>	Re-test
E-mail Address: <u>5/12/16</u>	
Date: <u>5/12/16</u>	
Phone: <u>(575) 370-9686</u>	
Witness: <u>[Signature]</u>	

INSTRUCTIONS ON BACK OF THIS FORM