

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. <u>30-025-25763</u>
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 CORBIN 35 STATE
8. Well Number <u>001</u>
9. OGRID Number <u>269324</u>
10. Pool name or Wildcat SWD;QUEEN
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4133' 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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> 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 <u>E</u> : <u>2310</u> feet from the <u>N</u> line and <u>330</u> feet from the <u>W</u> line Section <u>35</u> Township <u>17S</u> Range <u>33E</u> NMPM LEA County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4133' GL	

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 E Brown TITLE Dist Supervisor DATE 6/6/2016

Conditions of Approval (if any):

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

JUN 06 2016

RECEIVED

BRADENHEAD TEST REPORT

Operator Name LINN OPERATING	API Number 30-025-25763
Property Name CORBIN 35 STATE	Well No. 1

2. Surface Location

UL - Lot	Section 35	Township 17S	Range 33E	Feet from 2310	N/S Line N	Feet From 330	E/W Line W	County Lea
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Well Status

TA'D WELL YES <input type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN YES <input type="radio"/> NO <input checked="" type="radio"/>	INJECTOR INJ <input type="radio"/> SWD <input checked="" type="radio"/>	PRODUCER OIL <input type="radio"/> GAS <input type="radio"/>	DATE 4/28/16
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OBSERVED DATA

	(A) Surface	(B) Interim(1)	(C) Interim(2)	(D) Prod Casing	(E) Tubing
Pressure	0	NA	NA	0	0
Flow Characteristics					
Puff	Y/N	Y/N	Y/N	Y/N	CO2 <input type="checkbox"/>
Steady Flow	Y/N	Y/N	Y/N	Y/N	WTR <input checked="" type="checkbox"/>
Surges	Y/N	Y/N	Y/N	Y/N	GAS <input type="checkbox"/>
Down to nothing	Y/N	Y/N	Y/N	Y/N	Type of Fluid
Gas or Oil	Y/N	Y/N	Y/N	Y/N	Injected for
Water	Y/N	Y/N	Y/N	Y/N	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: Eddie J. Jaramillo	OIL CONSERVATION DIVISION
Printed name: Eddie J. Jaramillo	Entered into RBDMS
Title: PRODUCTION SPECIALIST	Re-test
E-mail Address:	
Date: 4/28/16	Phone: (575) 370-9686
Witness: [Signature]	

INSTRUCTIONS ON BACK OF THIS FORM

[Signature]