

HOBBS OGD

MAR 28 2017

RECEIVED

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

WELL API NO. 30-025-06954
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Downes D
8. Well Number 001
9. OGRID Number 269324
10. Pool name or Wildcat BLINEBRY OIL & GAS

SUMMARY 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 ☐

2. Name of Operator

Linn Operating, Inc.

3. Address of Operator

600 Travis, Suite 1400, Houston, Texas 77002

4. Well Location

Unit Letter K... : 1980 feet from the South line and 2080 feet from the West line

Section 32 Township 21S Range 37E NMPM County Lea

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

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: Return to Production ☒

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.

Linn Operating, Inc. is respectfully submitting for your review and approval notice that the referenced well was returned to production on February 15, 2017 at a rate of 6 MCF gas, 1 BBL oil, and 7 BBL water.

This well should now be classified as Active.

Accepted for Record Only

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

Debra Gordon

TITLE Regulatory Manager

DATE 3/23/2017

Type or print name Debra Gordon

E-mail address: dgordon@linenergy.com

PHONE: 281.840.4010

For State Use Only

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):