

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) 476-3466
1220 S. St. Francis Dr., Santa Fe, NM 87505

HOBBS OCD
APP 10 2017
RECEIVED

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

WELL API NO. 30-025-00529
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 CAPROCK MALJAMAR UNIT
8. Well Number 23
9. OGRID Number 269324
10. Pool name or Wildcat MALJAMAR; GRAYBURG-SAN ANDRES
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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 ST., SUITE 1400 HOUSTON, TEXAS 77002

4. Well Location
Unit Letter O : 660 feet from the SOUTH line and 1980 feet from the EAST line
Section 13 Township 17S Range 32E NMPM LEA County

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: MIT CHART FILING <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> P AND A <input type="checkbox"/>
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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 RESPECTFULLY SUBMITS FOR YOUR REVIEW AND APPROVAL THE ATTACHED MIT WHICH WAS CONDUCTED ON 3-22-17. STARTING PRESSURE WAS 360#, ENDING PRESSURE WAS 340#.

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 Nancy Fitzwater TITLE REGULATORY SUPERVISOR DATE APRIL 5, 2017.

Type or print name NANCY FITZWATER E-mail address: nfitzwater@linnenergy.com PHONE: 281-840-4266
For State Use Only

APPROVED BY: George Bowen TITLE Compliance Officer DATE 4/24/17
Conditions of Approval (if any):

