

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. 30-025-09245
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 SEVEN RIVERS QUEEN UNIT
8. Well Number 047
9. OGRID Number 269324
10. Pool name or Wildcat LANGLIE MATTIX;7 RVRS-Q-GRAYBURG

**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 C : 660 feet from the NORTH line and 2310 feet from the WEST line  
Section 3 Township 23S Range 36E LEA County

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:		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: MIT CHART FILING <input checked="" type="checkbox"/>	

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 3-23-17. STARTING PRESSURE WAS 385#, ENDING PRESSURE WAS 355#.

Spud Date:

Rig Release Date:

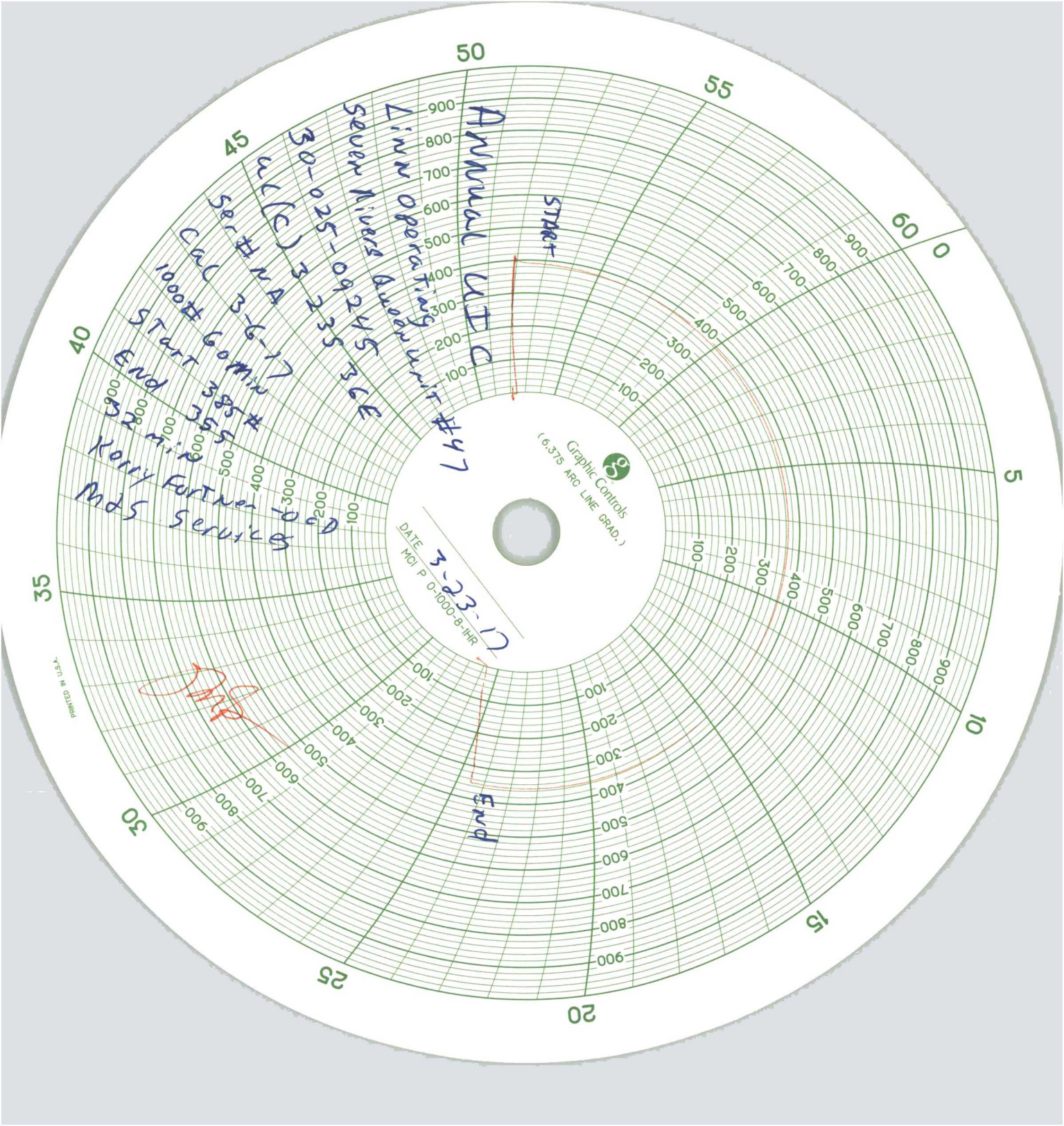
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Nancy Fitzwater TITLE REGULATORY SUPERVISOR DATE APRIL 5, 2017

Type or print name NANCY FITZWATER E-mail address: nfitzwat@linnenergy.com PHONE: 281-840-4266

**For State Use Only**

APPROVED BY: [Signature] TITLE Compliance Officer DATE 4/24/17  
Conditions of Approval (if any):



50

55

60

0

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15

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25

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35

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45

Annual UIC

Line operating unit #47

Seven Rivers Overrun 36E

30-025-09245

w/c 3235

Ser # N A 3-6-17

Cal 1000#

Start 3483#

End 3483#

Kelly Fortner

Mid S Service

DATE 3-23-17  
MCI P 0-1000-8-1HR

Graphic Controls  
(6.375 ARC LINE GRAD.)

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