

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

HOBBS OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505
 APR 10 2017

WELL API NO.	30-025-01538
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	100
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 : 330 feet from the SOUTH line and 2310 feet from the EAST line
 Section 28 Township 17S Range 33E NMPM LEA County

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 3-21-17. STARTING PRESSURE WAS 380#, ENDING PRESSURE WAS 385#.

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):

Graphic Controls
(6.375 ARC LINE GRAD.)

DATE 3-21-17
MCI P 0-1000-8-1HR

ANNUAL ELIC
LINN Operating
Caprock MALTAMAR unit #100
30-025-01538
UL(0) 28 175 33E
1000# 60min
SERV NA
CAL data 3-6-17
START 380#
END 385#
35 min
Kerry Fortner - ocd
M&S services

Start

End

[Handwritten signature]

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