

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

HOUBBS OCD  
 APR 19 2017  
 RECEIVED

WELL API NO. 30-025-23300
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 LANGLIE MATTIX QUEEN UNIT
8. Well Number 032
9. OGRID Number 269324
10. Pool name or Wildcat LANGLIE MATTIX;7 RVRS-Q-GRAYBURG
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 G : 2530 feet from the NORTH line and 2600 feet from the EAST line  
 Section 22 Township 25S Range 37E NMPM LEA County

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

<p><b>NOTICE OF INTENTION TO:</b></p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/></p> <p>DOWNHOLE COMMINGLE <input type="checkbox"/></p> <p>CLOSED-LOOP SYSTEM <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>	<p><b>SUBSEQUENT REPORT OF:</b></p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/></p> <p>CASING/CEMENT JOB <input type="checkbox"/></p> <p>OTHER: MIT CHART FILING <input checked="" type="checkbox"/></p>
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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 3-24-17. STARTING PRESSURE WAS 400#, ENDING PRESSURE WAS 400#.

Spud Date:  Rig Release Date:

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

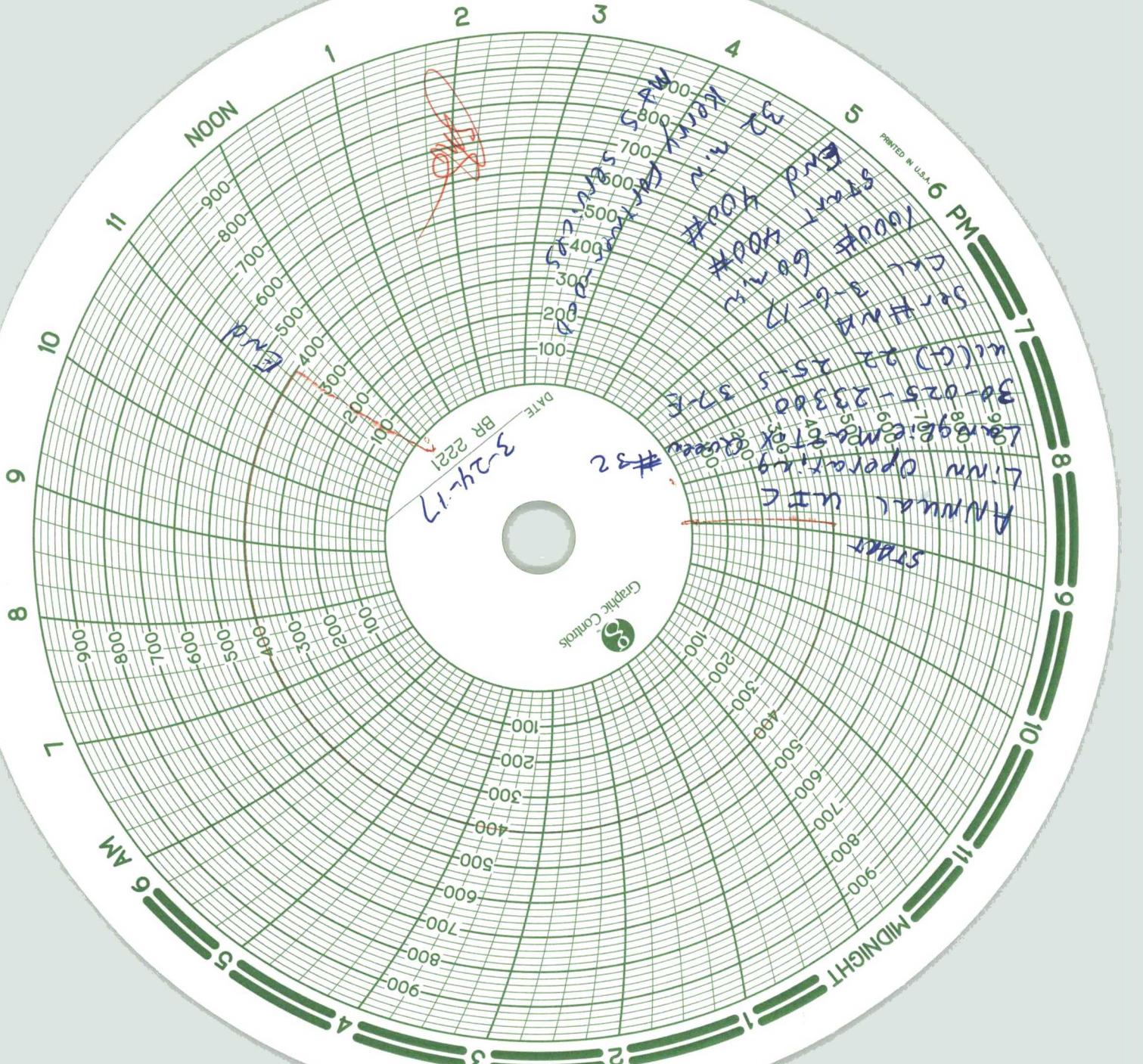
SIGNATURE Nancy Fitzwater TITLE REGULATORY SUPERVISOR DATE APRIL 5, 2017.

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

**For State Use Only**

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

PRINTED IN U.S.A.



NOON

6 PM

MIDNIGHT

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DATE  
BR 2221  
3-24-17

#32

Annual WIC

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