

Submit 1 Copy To Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

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

HOBBS OCD
JUN 22 2017
RECEIVED

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

WELL API NO. 30-025-01525
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
8. Well Number 98
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, LLC

3. Address of Operator
600 Travis St., Suite 1400, Houston, Texas 77019

4. Well Location
Unit Letter M : 660 feet from the South line and 660 feet from the West 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 checked="" 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: <input 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 is respectfully submitting a request to perform remedial work to identify a hole in tubing or leaking packer. The well failed its MIT test and requires corrective action by 6/24/2017.

Proposed Procedure:

- MIRU workover rig, hold PJSM, bleed off well
- ND WH, NU BOP, unset pkr @ 4211' & POOH w/tbg
- PU & RIH w/new AS1X pkr & 135 jts of 2-3/8" IPC tbg, hydrotest tbg to 4000 psi
- Set pkr @ +/-4200', test backside to 500# for 5 min
- Unlatch O/O tool, circ pkr fluid, latch onto pkr
- Perform MIT test (min 300# for 30 min)
- ND BOP, NU WH, RDMO workover rig

Condition of Approval: notify

**OCD Hobbs office 24 hours
prior of running MIT Test & Chart**

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 J. Gordon TITLE Regulatory Manager DATE 06/22/2017

Type or print name Debra Gordon E-mail address: dgordon@linenergy.com PHONE: 281.840.4010

For State Use Only
APPROVED BY: Marys Brown TITLE AO/II DATE 6/22/2017
Conditions of Approval (if any):

MB