	Mexico Form C-103
Office District 1 – (575) 393-6161 HOBBS: OCD Minerals and Nat	tural Resources Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
District II – (575) 748-1283 811 S. First St. Artesia, NM 88210 AUG 0 802017 ONSERVATIO	N DIVISION 30-025-33621
District III - (505) 334-6178 1220 South St. Em	oncis Dr. S. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	STATE T FEE
1000 Rio Brazos Rd., Aztec, NM 874 RECEIVED Santa Fe, NM 8	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	
SUNDRY NOTICES AND REPORTS ON WELL	S 7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR P	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101)	
PROPOSALS.)	9 Well Number
1. Type of Well: Oil Well Gas Well Other INJECTION	N 203
2. Name of Operator	9. OGRID Number
LINN OPERATING, INC.	269324
3. Address of Operator	10. Pool name or Wildcat
600 TRAVIS, SUITE 1400, HOUSTON, TEXAS 77002	MALJAMAR;GRAYBURG-SAN ANDRES
4. Well Location	,
Unit Letter M : 430 feet from the SO	OUTH line and 990 feet from the WEST line
	Range 33E NMPM LEA County
11. Elevation (Show whether De	5
4118'	R, RRD, R1, GR, etc.)
4110	
12 Charles American Danses Indicated	Notice of Natice Deposit on Other Date
Check Appropriate Box to Indicate I	Nature of Notice, Report of Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS. P AND A
PULL OR ALTER CASING MULTIPLE COMPL	CASING/CEMENT JOB
DOWNHOLE COMMINGLE	
CLOSED-LOOP SYSTEM	Î
OTHER:	OTHER:
13. Describe proposed or completed operations. (Clearly state all	I pertinent details, and give pertinent dates, including estimated date
of starting any proposed work). SEE RULE 19.15.7.14 NMA	AC. For Multiple Completions: Attach wellbore diagram of
proposed completion or recompletion.	
LINN OPERATING, LLC IS RESPECTFULLY MAKING N	
ABOVE REFERENCED INJECTION WELL IN LEA COUN	
ON 8/7/2017. THE INITIAL INJECTION RATE WAS 6 BW	
•	VPD.
THIS WELL SHOULD NOW BE CLASSIFIFED AS ACTIV	
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PLEASE NOTE THAT THIS WELL IS ON OUR ACOI 262-	-I AGREEMENT C. D. A. MIT. Schedule MUS.
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PLEASE NOTE THAT THIS WELL IS ON OUR ACOI 262-	-I AGREEMENT C. D. A. MIT. Schedule MUS.
PLEASE NOTE THAT THIS WELL IS ON OUR ACOI 262-	-I AGREEMENT C.O.A. MIT. Schedule MUS. Date:
PLEASE NOTE THAT THIS WELL IS ON OUR ACOI 262-	-I AGREEMENT C.O.A. MIT. Schedule MUS. Date:
PLEASE NOTE THAT THIS WELL IS ON OUR ACOI 262-	-I AGREEMENT C.O.A. MIT. Schedule MUS. Date:
PLEASE NOTE THAT THIS WELL IS ON OUR ACOI 262- Spud Date: Rig Release D I hereby certify that the information above is true and complete to the l	TAGREEMENT C. D. A MITT. Schedul Date: best of my knowledge and belief.
PLEASE NOTE THAT THIS WELL IS ON OUR ACOI 262- Spud Date: Rig Release D I hereby certify that the information above is true and complete to the l	-I AGREEMENT C.O.A. MIT. Schedule MUS. Date:
PLEASE NOTE THAT THIS WELL IS ON OUR ACOI 262- Spud Date: Rig Release D I hereby certify that the information above is true and complete to the SIGNATURE TITLE RE	Date: Description: C. D. A. MITT. Schedul MUS. Date: Description: Begulatory Manager Date 08/07/2017
PLEASE NOTE THAT THIS WELL IS ON OUR ACOI 262- Spud Date: Rig Release D I hereby certify that the information above is true and complete to the l SIGNATURE TITLE RE Type or print name E-mail address	Total Schedul MIT. Schedul MI
PLEASE NOTE THAT THIS WELL IS ON OUR ACOI 262- Spud Date: Rig Release D I hereby certify that the information above is true and complete to the l SIGNATURE TITLE RE Type or print name E-mail address	Total Schedul MIT. Schedul MI
PLEASE NOTE THAT THIS WELL IS ON OUR ACOI 262- Spud Date: Rig Release D I hereby certify that the information above is true and complete to the l SIGNATURE TITLE RE Type or print name E-mail address	Total Schedul MIT. Schedul MI
PLEASE NOTE THAT THIS WELL IS ON OUR ACOI 262- Spud Date: Rig Release D I hereby certify that the information above is true and complete to the I SIGNATURE TITLE RE Type or print name E-mail addrese For State Use Only APPROVED BY: Accepted 1977LE	Total Schedul MIT. Schedul MI
PLEASE NOTE THAT THIS WELL IS ON OUR ACOI 262- Spud Date: Rig Release D SIGNATURE TITLE RE Type or print name E-mail addrese For State Use Only	Total Schedul MIT. Schedul MI