

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

Form C-103
 Revised July 18, 2013

HOBBS OCD
DEC 19 2017
RECEIVED

WELL API NO. 30-025-36895
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 EAST HOBBS SAN ANDRES UNIT
8. Well Number 707
9. OGRID Number 269324
10. Pool name or Wildcat SAN ANDRES R-11980-A
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3608' GL

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

2. Name of Operator
LINN OPERATING, LLC

3. Address of Operator
600 TRAVIS, STE. 1400, HOUSTON, TEXAS 77002

4. Well Location
 Unit Letter O : 480 feet from the SOUTH line and 1350 feet from the EAST line
 Section 30 Township 18S Range 39E 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: RETURN TO PRODUCTION <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 Operating, LLC is respectfully submitting notification that the referenced well in Lea County was returned to production on December 15, 2017 as follows:

6 BOPD
 8 MCF/D
 594 BWPD

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 *Debi Gordon* TITLE Regulatory Mgr DATE 12/18/2017

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

For State Use Only

APPROVED BY: *Karen Sharp* TITLE Staff Mgr DATE 1-5-18

Conditions of Approval (if any):