

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 000
JAN 26 12 00 PM
RECEIVED

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

WELL API NO. 30-025-33207
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 309549
7. Lease Name or Unit Agreement Name MALJAMAR GRAYBURG UNIT
8. Well Number 79
9. OGRID Number 269324
10. Pool name or Wildcat MALJAMAR;GRAYBURG-SA
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4142'

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 ST., SUITE 1400, HOUSTON, TEXAS 77002

4. Well Location
Unit Letter C : 1300 feet from the NORTH line and 1417 feet from the WEST line
Section 4 Township 17S Range 32e 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 was returned to production on 1/11/2018 with an initial rate of:

- 1 MCFD
- 2 BOPD
- 77 BWPD

This well should be classified as active.

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 Gordon TITLE Regulatory Manager DATE 01/24/2018

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

For State Use Only

APPROVED BY: Karen Sharp TITLE Staff Mgr DATE 2-8-18

Conditions of Approval (if any):