

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010**SUNDRY NOTICES AND REPORTS ON WELLS**
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.***SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMLC029395B
2. Name of Operator LINN OPERATING INC		6. If Indian, Allottee or Tribe Name
3a. Address 600 TRAVIS STREET, SUITE 5100 HOUSTON, TX 77002		7. If Unit or CA/Agreement, Name and/or No.
3b. Phone No. (include area code) Ph: 281-840-4272		8. Well Name and No. TURNER B 102
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 20 T17S R31E Mer NMP NENW 990FNL 2590FWL 32.824573 N Lat, 103.892057 W Lon		9. API Well No. 30-015-26664
		10. Field and Pool, or Exploratory GRAYBURG JACKSON;SR-Q-G-S
		11. County or Parish, and State EDDY COUNTY, NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

REQUEST APPROVAL TO FLARE 117 MCF/D FOR 90 DAYS FROM THE NM NMLC029095B; FRONTIER GAS PLANT SHUT IN FOR REPAIRS.

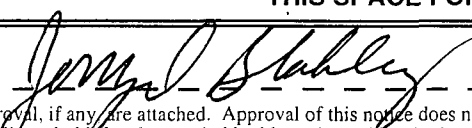
API Well Name Well Number Type
30-015-26664 TURNER B #102 Oil
30-015-26665 TURNER B #103 Oil
30-015-26696 TURNER B #104 Oil
30-015-26706 TURNER B #106 Oil
30-015-30211 TURNER B #115 Oil
30-015-28791 TURNER B #116 Oil
30-015-29387 TURNER B #132 Oil
30-015-29620 TURNER B #134 Oil

SUBJECT TO LIKE
APPROVAL BY STATE

SEE ATTACHED FOR
CONDITIONS OF APPROVAL

8/1 - 10/31 2013

LRDade 8/21/2013
Accepted for record
NMOCB

14. I hereby certify that the foregoing is true and correct. Electronic Submission #215329 verified by the BLM Well Information System For LINN OPERATING INC, sent to the Carlsbad Committed to AFMSS for processing by KURT SIMMONS on 08/07/2013 ()		RECEIVED AUG 21 2013 NMOCB ARTESIA
Name (Printed/Typed) TERRY B CALLAHAN	Title REG COMPLIANCE SPECIALIST III	
Signature (Electronic Submission)	Date 07/31/2013	
THIS SPACE FOR FEDERAL OR STATE OFFICIAL USE		
Approved By 	Title	APPROVED AUG 19 2013 BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	Office	
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make any statement or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.		

** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED **

Additional data for EC transaction #215329 that would not fit on the form

32. Additional remarks, continued

30-015-29621 TURNER B #135 Oil
30-015-29622 TURNER B #136 Oil
30-015-05181 TURNER B #001 Oil
30-015-26637 TURNER B #094 Oil
30-015-26612 TURNER B #095 Oil
30-015-26618 TURNER B #096 Oil
30-015-26619 TURNER B #097 Oil
30-015-31062 TURNER B #127 Oil

BUREAU OF LAND MANAGEMENT
Carlsbad Field Office
620 East Greene Street
Carlsbad, New Mexico 88220
575-234-5972

7/2/2013

Condition of Approval to Flare Gas

1. Report all volumes on OGOR reports.
2. Comply with NTL-4A requirements
3. Subject to like approval from NMOCD
4. **Flared volumes will still require payment of royalties**
5. Install gas meter on vent/flare line to measure gas prior to venting/flaring operations if it is not equipped as such at this time. Gas meter to meet all requirements for sale meter as Federal Regulations and Onshore Order #5. *Please Submit Meter #*
6. This approval does not authorize any additional surface disturbance.
7. Submit updated facility diagram as per Onshore Order #3.
8. Approval not to exceed 90 days for date of approval.
9. Submit Subsequent Report with actual volumes of gas flared for each month gas is flared.
10. If flaring is still required past 90 days submit new request for approval.
11. If a portable unit is used to flare gas it must be monitored at all times.
12. Comply with any restrictions or regulations when on State or Fee surface.

JDB722013