	OCD-ARTESIA								
Form 3160-5 (June 2015)	UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT SUNDRY NOTICES AND REPORTS ON WELLS					FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018			
							5. Lease Serial No. NMNM98120		
	Do not use this forn abandoned well. Use	his form for proposals to drill or to re-enter an ell. Use form 3160-3 (APD) for such proposals.					6. If Indian, Allottee or Tribe Name		
SUBMIT IN TRIPLICATE - Other instructions on page 2							7. If Unit or CA/Agree NMNM71030A	ement, Name and/or No.	
1. Type of Well Gas Well Other: INJECTION							8. Well Name and No. SKELLY UNIT 10		
2. Name of Operator Contact: NANCY S FI LINN OPERATING, INC. E-Mail: NFITZWATER@LINNEN							9. API Well No. 30-015-05325		
3a. Address 600 TRAVIS ST. SUITE 1400 HOUSTON, TX 77002				ne No. (include 31-840-4266 1-840-4003	area code)		10. Field and Pool or Exploratory Area GRAYBURG JACKSON 7 RIVERS		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 21 T17S R31E Mer 6PM SENE 1980FNL 660FEL							11. County or Parish, State EDDY COUNTY, NM		
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12.	CHECK THE APPRO	PRIATE BOX(ES)	TO INE	DICATE NA	TURE O	F NOTICE,	REPORT, OR OTH	IER DATA	
TYPE OF S	TYPE OF SUBMISSION					TYPE OF ACTION			
_	Iotice of Intent     Image: Acidize       ubsequent Report     Image: Acidize			] Deepen ] Hydraulic F	•	Reclam		<ul> <li>Water Shut-Off</li> <li>Well Integrity</li> </ul>	
		Casing Repair		New Construction		Recomp		🛛 Other	
E Final Aba						U Tempor	arily Abandon Disposal		
If the proposa Attach the Bo following con testing has be determined th LINN RESI	ossed or Completed Operation: I is to deepen directionally or r and under which the work will I apletion of the involved operat en completed. Final Abandom at the site is ready for final ins PECTFULLY SUBMITS F ETURNED TO INJECTIO	ecomplete horizontally, pe performed or provide ions. If the operation re nent Notices must be fil pection.	give subs the Bond sults in a 1 ed only af	urface locations No. on file with nultiple comple ter all requirem	and measu BLM/BIA tion or reco ents, includ	red and true ve . Required su mpletion in a ing reclamatio	ertical depths of all pertir bsequent reports must be new interval, a Form 316 n, have been completed a REFERENCED WE	ent markers and zones. filed within 30 days 0-4 must be filed once and the operator has	
· · · · · · · · · · · · · · · · · · ·					ONSER A DISTRI	VATION	Accepte NA	d for record	
			APR 1 7 2017					4/25/17	
				REC	EIVED				
14. I hereby cert	tify that the foregoing is true ar Elec	tronic Submission #	365778 v	verified by the NG, INC., ser	BLM Wel	I Informatio	n System		
		nitted to AFMSS for	processi	ng by DEBOI	RAH MCKI	NNEY on 02			
Name (Printed/Typed) NANCY S FITZWATER				Title	REGUL	ATORY SU	PERVISOR		
Signature	(Electronic Submis	sion)		Date	AGC	EPTED	FOR RECOR	D	
		THIS SPACE FO	DR FED	ERAL OR	STATE	OFFICE U	SE		
_Approved By						APR	11,2017	Date	
certify that the app	roval, if any, are attached. App plicant holds legal or equitable le the applicant to conduct oper	title to those rights in the			BUF	PK.	ND MANAGEMENT		
Title 18 U.S.C. Se States any false,	ction 1001 and Title 43 U.S.C. fictitious or fraudulent stateme	Section 1212, make it a nts or representations as	crime for to any m	any person kn atter within its	wingly and			agency of the United	
(Instructions on pa	ive 2)								

(Instructions on page 2) **\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\***