

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Hobbs

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. NMLC032510C
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. SOUTH LEONARD UNIT 9
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 24 T26S R37E Mer NMP SWNE 1980FNL 2310FEL 32.030535 N Lat, 103.115673 W Lon		9. API Well No. 30-025-12045 ✓
		10. Field and Pool, or Exploratory LEONARD;QUEEN,SOUTH
		11. County or Parish, and State LEA COUNTY COUNTY, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input 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 checked="" 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	Venting and/or Flaring
	<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 recompleate 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 recompleation 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.)

LINN WAS GRANTED AUTHORIZATION TO FLARE ON THE NMNM71035X. AS A CONDITION OF APPROVAL, LINN WAS REQUESTED TO REPORT MONTHLY FLARE GAS VOLUMES.

JANUARY 2013 - 128 MCF
FEBRUARY 2013 - 161 MCF
MARCH 2013 - 160 MCF
APRIL 2013 - 0

14. I hereby certify that the foregoing is true and correct. Electronic Submission #225985 verified by the BLM Well Information System For LINN OPERATING INC, sent to the Hobbs Committed to AFMSS for processing by JOHNNY DICKERSON on 12/04/2013 ()	
Name (Printed/Typed) TERRY B CALLAHAN	Title AUTHORIZED REPRESENTATIVE
Signature (Electronic Submission)	Date 11/07/2013
THIS SPACE FOR FEDERAL OR STATE OFFICE USE	
Approved By _____	Title _____
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 to any department 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 **

MHB/OCD 3/11/2015

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