

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018

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.

NMOC
Hobbs

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMLC059152B	
2. Name of Operator LINN OPERATING, LLC		6. If Indian, Allottee or Tribe Name	
Contact: DEBI GORDON E-Mail: dgordon@linnenergy.com		7. If Unit or CA/Agreement, Name and/or No. NMNM91009X	
3a. Address 600 TRAVIS ST. SUITE 1400 HOUSTON, TX 77002		8. Well Name and No. CAPROCK MALJAMAR UNIT 187	
3b. Phone No. (include area code) Ph: 281-840-4010 Fx: 832-209-4340		9. API Well No. 30-025-33421	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 24 T17S R32E Mer 6PM SENW 2467FNL 2501FWL		10. Field and Pool or Exploratory Area MALJAMAR	
		11. County or Parish, State LEA COUNTY, NM	

12. CHECK THE 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 checked="" 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"/> Hydraulic Fracturing	<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 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 recompleat 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 must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must 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 Operating, LLC is respectfully submitting notification that the referenced well in Lea County, NM was returned to production 03/19/2018 with the following production:

1 MCFD
2 BOPD
10 BWPD

Please consider this well Active.

Shut in w/out approval

14. I hereby certify that the foregoing is true and correct. Electronic Submission #411794 verified by the BLM Well Information System For LINN OPERATING, LLC, sent to the Hobbs Committed to AFMSS for processing by JENNIFER SANCHEZ on 04/17/2018 ()	
Name (Printed/Typed) DEBI GORDON	Title REGULATORY MANAGER
Signature (Electronic Submission)	Date 04/16/2018

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____	Date _____
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.

(Instructions on page 2)

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

KZ