

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.*5. Lease Serial No.
NMNM70963X

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

SUBMIT IN TRIPLICATE - Other instructions on reverse side.**HOBBS OCD**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

LINN OPERATING INC

Contact: TERRY B CALLAHAN

E-Mail: tcallahan@linnenergy.com

MAR 09 2015**RECEIVED**

8. Well Name and No.

HUMPHREY QUEEN UNIT 5

9. API Well No.

30-025-11431

3a. Address

600 TRAVIS STREET, SUITE 5100
HOUSTON, TX 77002

3b. Phone No. (include area code)

Ph: 281-840-4272

10. Field and Pool, or Exploratory

LANGLIE MATTIX; 7 RVRS-Q-G

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 3 T25S R37E Mer NMP NENE 330FNL 990FEL
32.165648 N Lat, 103.145468 W Lon

11. County or Parish, and State

LEA COUNTY COUNTY, NM

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 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 shall 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 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.)

SUBSEQUENT TO THE APPROVED FLARE PERMIT FOR THE HUMPHREY QUEEN UNIT BATTERY, THE FOLLOWING ARE FLARED VOLUMES FOR THE MONTHS OF OCTOBER 2012 THRU DECEMBER 2012.

OCTOBER 2012 - 196

NOVEMBER 2012 - 0

DECEMBER 2012 - 0

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #225830 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 REG COMPLIANCE SPECIALIST III

Signature (Electronic Submission)

Date 1/06/2013

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

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD 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 ****

MJB/OCD 3/11/2015

MAR 12 2015

JM