

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD-HOBBS
HOBBS OCD

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.

MAY 26 2015

SUBMIT IN TRIPLICATE - Other instructions on reverse side. RECEIVED

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other: INJECTION		5. Lease Serial No. NMLC059576
2. Name of Operator LINN OPERATING INC Contact: ALEX BOLANOS E-Mail: abolanos@linnenergy.com		6. If Indian, Allottee or Tribe Name
3a. Address 600 TRAVIS, STE. 5100 HOUSTON, TX 77002	3b. Phone No. (include area code) Ph: 281-840-4352 Fx: 832-209-4338	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 3 T17S R32E Mer NMP NWSE 2140FSL 1674FEL 32.862226 N Lat, 103.751259 W Lon		8. Well Name and No. MALJAMAR GRAYBURG UNIT 150
		9. API Well No. 30-025-32087
		10. Field and Pool, or Exploratory. MALJAMAR;GRAYBURG SAN AND
		11. County or Parish, and State LEA 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	
	<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.)

LINN WAS APPROVED TO REPAIR THE DAMAGED WELLHEAD AT THE MGU #150. AS A CONDITION OF APPROVAL LINN WAS REQUIRED TO PERFORM AN MIT ON THE WELL AFTER WORK WAS COMPLETE. PLEASE FIND ATTACHED A COPY OF THE CHART FOR THE PASSED MIT (WITNESSED BY OCD).

14. I hereby certify that the foregoing is true and correct. Electronic Submission #288111 verified by the BLM Well Information System For LINN OPERATING INC, sent to the Hobbs Committed to AFMSS for processing by LINDA JIMENEZ on 05/04/2015 ()	
Name (Printed/Typed) ALEX BOLANOS	Title AUTHORIZED SIGNATURE
Signature (Electronic Submission)	Date 01/15/2015
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.	

ACCEPTED FOR RECORD
MAY 20 2015
BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

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

MAY 26 2015

MAY 27 2015

