

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NMOCD

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

HOBBS OCD

AUG 02 2017

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 page 2**5. Lease Serial No.
NMNM13280

6. If Indian, Allottee or Tribe Name

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

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other8. Well Name and No.
SMITH RANCH 11 02

2. Name of Operator

LINN OPERATING, INC.

Contact: MINDY K KOTESKY

E-Mail: MKOTESKY@LINNENERGY.COM

9. API Well No.

30-025-31683

3a. Address

600 TRAVIS SUITE 1400
HOUSTON, TX 77002

3b. Phone No. (include area code)

Ph: 281-840-4208
Fx: 832-426-597210. Field and Pool or Exploratory Area
TEAS;BONE SPRING

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

Sec 11 T20S R33E Mer 6PM NESW 2250FSL 2014FWL
32.586589 N Lat, 103.636032 W Lon

11. County or Parish, State

LEA COUNTY 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 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 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 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 SUBMITTED AN NOI TO FLARE THE SMITH RANCH BATTERY FROM 9/16/2016 TO 12/16/16.

LINN'S MONTHLY FLARE VOLUMES DURING THE REQUESTED PERIOD ARE AS FOLLOWS:

SEPTEMBER 2016 - 70 MCF
OCTOBER 2016 - 3 MCF
NOVEMBER 2016 - 537 MCF
DECEMBER 2016 - 141 MCF

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

Electronic Submission #374742 verified by the BLM Well Information System
For LINN OPERATING, INC., sent to the Hobbs
Committed to AFMSS for processing by DEBORAH MCKINNEY on 05/04/2017 ()

Name (Printed/Typed) MINDY K KOTESKY

Title REGULATORY SPECIALIST

Signature (Electronic Submission)

Date 05/02/2017

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.

(Instructions on page 2)

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

Accepted for Record Only

MSB/OCD 8/8/2017

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 20185. Lease Serial No.
NMNM108971

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.
NMNM1289658. Well Name and No.
JEFE BSJ FEDERAL COM 1H9. API Well No.
30-025-4072210. Field and Pool or Exploratory Area
JENNINGS-UPPER BONE SPRIN11. County or Parish, State
LEA COUNTY, NM

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

EOG Y RESOURCES INC

Contact: MIRIAM MORALES

E-Mail: Miriam_Morales@eogresources.com

3a. Address

104 S FOURTH STREET
ARTESIA, NM 88210

3b. Phone No. (include area code)

Ph: 575-748-4200

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

Sec 32 T25S R32E SWSE 330FSL 1980FEL

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

TYPE OF SUBMISSION

- ☐
- Notice of Intent
-
- ☒
- Subsequent Report
-
- ☐
- Final Abandonment Notice

TYPE OF ACTION

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Acidize | <input type="checkbox"/> Deepen | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Alter Casing | <input type="checkbox"/> Hydraulic Fracturing | <input type="checkbox"/> Reclamation | <input type="checkbox"/> Well Integrity |
| <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 | |

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The information below was requested as per COA to flare on previously approved applications.

Total flare amounts per month for 2016 and 2017.

Dec.18

Jan.0

Feb.0

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

Electronic Submission #373037 verified by the BLM Well Information System
For EOG Y RESOURCES INC, sent to the Hobbs
Committed to AFMSS for processing by DEBORAH MCKINNEY on 04/18/2017 ()

Name (Printed/Typed) MIRIAM MORALES

Title ASST PRODUCTION ACCOUNTING

Signature (Electronic Submission)

Date 04/17/2017

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Approved By

Title

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MSB/ocd 8/8/2017