

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010**EC****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. NMNM27276
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. MCCLAY FEDERAL 013
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 33 T18S R30E Mer NMP SESW 660FSL 2310FWL 32.698544 N Lat, 103.978014 W Lon		9. API Well No. 30-015-23126
		10. Field and Pool, or Exploratory BENSON;QUEEN-GRAYBURG,NOF
		11. County or Parish, and State EDDY COUNTY, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Deepen
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Production (Start/Resume)
	<input type="checkbox"/> Alter Casing
	<input type="checkbox"/> Fracture Treat
	<input type="checkbox"/> Casing Repair
	<input checked="" type="checkbox"/> New Construction
	<input type="checkbox"/> Change Plans
	<input type="checkbox"/> Plug and Abandon
	<input type="checkbox"/> Convert to Injection
	<input type="checkbox"/> Plug Back
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Reclamation
	<input type="checkbox"/> Recomplete
	<input type="checkbox"/> Well Integrity
	<input type="checkbox"/> Temporarily Abandon
	<input type="checkbox"/> Other
	<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 recompletable 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 recompletable 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 is requesting to build a flow line from the McClay Federal 13 wellsite to the McClay Federal Battery. This line starts in the SE/4 SW/4 of Section 33 and extends approximately 1,749 feet to the northwest into the NE/4 SW/4 of Section 33. LINN will lay a 3 inch polypap line above ground and will switch to a buried line when going below the Duvall Shaft Road. This buried line will include a 4 inch pipe with 3 inch polypap line placed within. The buried line will be between 3-4 feet deep and will return to an above ground pipe line once passing under the road. Please see Exhibit "A" for more description.

RECEIVED
DEC 05 2011
NMOCD ARTESIA

Accepted for record

NMOCD *YES*
*12/8/2011**WITHDRAWN*

PER TANNER NYGREN, NATURAL RESOURCE
SPECIALIST, PLEASE WITHDRAW THIS SUNDRY
NOTICE BECAUSE THE PREVIOUS COMPANY
(ARENA) HAD AN APPROVED FLOWLINE ROUTE
FOR THE SAME WELL AND BATTERY

14. I hereby certify that the foregoing is true and correct.	
Electronic Submission #124175 verified by the BLM Well Information System For LINN OPERATING, INC., sent to the Carlsbad	
Name (Printed/Typed) TERRY B CALLAHAN	Title REGULATORY SPECIALIST III
Signature (Electronic Submission)	Date 11/28/2011

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

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

