	UNITED STATE DEPARTMENT OF THE	INTERIOR	OCD Artesia	FORM APPROVED OM B No 1004-0135 Expires January 31, 2004	
	BUREAU OF LAND MAN NOTICES AND REI			5 Lease Serial No. State	
	6. If Indian, Allottee or Tribe Name				
	his form for proposals t vell. Use Form 3160-3 (			,	
SUBMIT IN TR	7 If Unit or CA/Agreement, Name and/or No NMNM 120721				
l Type of Well  ✓ Oil Well□□	8 Well Name and No.				
2 Name of Operator Linn Operating, INC.				Foc B State #10  9. API Well No.	
3a Address 600 Travis St., Suite 5100, Ho	uston, TX 77002	3b Phone No (inchide 281-840-4266	e area code)	30-015-36254  10. Field and Pool, or Exploratory Area	
4 Location of Well (Footage, Sec.,			Grayburg; Jackson; SR-Q-SA		
1155' FSL & 110' FEL of Section 16-17S-31E				11. County or Parish, State	
				Eddy County	
12. CHECK A	PPROPRIATE BOX(ES) TO	INDICATE NATUR	RE OF NOTICE, R	EPORT, OR OTHER DATA	
TYPE OF SUBMISSION		TYI	PE OF ACTION		
Notice of Intent Subsequent Report Final Abandonment Notice	Acidize Alter Casing Casing Repair Change Plans Convert to Injection	Deepen Fracture Treat New Construction Plug and Abandon Plug Back	Production (Sta Reclamation Recomplete Temporarily Ab	Well Integrity  ✓ Other Change of Operator	
If the proposal is to deepen due Attach the Bond under which t following completion of the intesting has been completed. Fi determined that the site is ready Linn Operating, INC. respresenced lease/well.  The undersigned accepts a	ectionally or recomplete horizontally the work will be performed or providual operations. If the operation is nal Abandonment Notices shall be fay for final inspection.)  pectfully request a change of operation is not provided by the provided in the prov	y, give subsurface location de the Bond No on file w results in a multiple comp filed only after all requirer perator from SandRid	ns and measured and true with BLM/BIA. Require letton or recompletion in ments, including reclamate Expl. & Prod., LL	by proposed work and approximate duration thereof evertical depths of all pertinent markers and zones of subsequent reports shall be filed within 30 days a new interval, a Form 3160-4 shall be filed once ation, have been completed, and the operator has a C to Linn Operating Inc. for the above perations conducted on the leased land or	
portion thereof, as describ				•	
Effective Date: 06/01/2011 Location: Eddy Co., NM. BLM Bond: NMB000501	RECEIVED				
		Accepted for NMOCE		OCT 16 2012	
SEE A	NMOCD ARTESIA				
CONDITIONS OF APPROVAL					
14. I hereby certify that the fore Name (Printed/Typed)	going is true and correct		)   /	A 10 A 1	
7 Jancy ont	greater_	Title 🔨	regulatory (	ampliance Advisor	
1 (1)	-	l	<i>-</i> 1		

Name (Printed/Typea Tomatus	Title Regulatory Compliance Advisor					
Signature	Date 9-	-5-12				
THIS SPACE FOR FEDERAL OR STATE OFFICE USE						
/s/ JD Whitlock Jr	Title	SOET	Date 10/13/12			
Conditions of approval, if any, are attached Approval of this notice does not warrant certify that the applicant holds legal or equitable title to those rights in the subject leas which would entitle the applicant to conduct operations thereon		(Fo				

Title 18 USC Section 1001 and Title 43 USC 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.

BUREAU OF LAND MANAGEMENT Carlsbad Field Office 620 East Greene Street Carlsbad, New Mexico 88220 575-234-5972

## **Conditions of Approval**

## Linn Operating INC. FOC B State Com #10 CA-NM120721 3001536254

- 1. Tank battery must be bermed/diked (must be able to contain 1 1/2 times the volume of the largest tank).
- 2. Submit for approval of water disposal method.
- 3. Submit updated facilitý diagrams as per Onshore Order #3
- 4. This agency shall be notified of any spill or discharge as required by NTL-3A.
- 5. All outstanding environmental issue must be addressed within 90 days. Contact Jim Amos for inspection and to resolve environmental issues. 575-234-5909
- 6. Install legible well sign on location with operator name, well name and number, lease number, unit number, 1/4 1/4, section, township, and range. NMOCD requires the API number on well signs.
- 7. Subject to like approval by NMOCD.
- 8. Submit Designation Successor Operator for CA within 30 days. Copy attached to operators Sundry Copy.