Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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FORM APPROVED OMB NO. 1004-0135 Expires: July 31, 2010

5	Lease Serial No
	NMLC029548A

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an
abandoned well. Her form 2460.2 (ADD) for such mensents

6.	If Indian,	Allottee or	Tribe	Name	_

Convert to Injection	abandoned well. Use form 3160-3 (APD) for such proposals.				6. If India	6. If Indian, Allottee or Tribe Name					
Secretary Contract	SUE	BMIT IN TRI	PLICATE - Other instructi	ions on re	verse side.		7. If Unit	or CA/Agr	eement, Name and/or No.		
Subsection Contract TERRY B CALLAHAN Subsection	1. Type of Well										
LINN OPERATING, INC. E-Mail: toallahan@innenergy.com 30-0152-8924 30 Addres 800 TRAVIS STREET SUITE 5100 BOUSTON, IX 77002 4. Location of Well (Footings, Sec. T., R., M. or Survey Description) Sec 18 117S R31E Mer NIMP NWNE 1310FNL 2150FEL 22.838156 N Lat, 103.907615 W Lon 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF SUBMISSION TYPE OF ACTION Addres Production (Start/Resume) Water Shut-Off Alter Casing Fracture Treat Reclamation Well Integrity Subsequent Report Change Plans Plag and Abandon Tomporarily Abandon Workrover Operation (Start/Resume) Change Plans Plag and Abandon Tomporarily Abandon		Well Oth							19 		
600 TRAVIS STREET SUITE \$100 Ph: 281-840-4272 GRAYBURG JACKSON;SR-O-G-S HOUSTON, TX 77002 Lacation of Well (*Forways, Sec. 1. R. M., or Survey Description) Sec. 19 1-178 Sa1's Mer MMP NUME 1310FNL 2150FEL 22.838156 N Lat, 103.907615 W Lon 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION 13. Describe Forward Report Alter Casing Practure Treat Reclamation Well Integrity Subsequent Report Alter Casing Plug and Abandon Recomplete Workover Operation Casing Repair New Construction Recomplete Water Disposal Convert to Injection Plug Back Water Disposal Describe Proposed or Completed Operation (clearly state all portionent details, including estimated starting date of any proposed way and approximate duration thereof. If the proposal is to deepen directionally or ecomplete horizontally give estabulates locations and measured and irre wertical depths of all pertinent markers and zones (following completion of the involved operations. If the operation results in a multiple completion or recompleted of all pertinent markers and zones (following completion of the involved operations. If the operation results in a multiple completion or recompleted, and the operator has determined that the site is ready for final inspection.) LINN PROPOSES TO MIRU ON WELL, TEST CSG & MAKE REPAIRS. CLEAN OUT TO TO AND RETURN TO PRODUCTION. **SEE ATTACHED FOR CONDITIONS OF APPROVAL** RECEIVED MAY 0 3 2012 NAME (Protect/Typed) TERRY B CALLAHAN Title Protection of Submission 915852 verified by the BLJ well information System Committed to AFMSS for processing by KURT SIMMONS on 04192012 () Title REQUILITION OF APPROVAL Title Protection of Approval, if any, are attached. Approval of this notice does not warmed control of the proplication of approval, if any, are attached. Approval of this notice does not warmed of the proplication of approval of this											
Sec. 18 T17S R31E Mer NMP NWNE 1310FNL 2150FEL 32.838156 N Lat, 103.907615 W Lon 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent Acidize Casing Repair New Construction Recompleted Change Plans Plug and Abandon Plug Back Water Disposal So describe Proposed or Completed Operation (clearly sear all pertinent effats), including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. If the operation or results in a multiple completion or for involved operations. If the operation results in a multiple completion or for involved operations. If the operation results in a multiple completion or remove, will be performed or provide the Bond No. on file with BLM/961A. Required subsequent reported shall be filed vinted adecimined that the site is ready for final inspection). SEE ATTACHED FOR CONDITIONS OF APPROVAL RECEIVED MAY 0 3 2012 NMOCD ARTESIA 14 Thereby certify that the foregoing is true and correct Electronic Submission #135882 verifies by the BLM Well Information System For LINN OPERATING, Iff, sent to the Carlsbad Committed to AFMSS for processing by KURT SIMMONS on 04/19/2012 () Name(Primed/Typed) TERRY B CALLAHAN Title REQUILATORY SPECIALIST III Date Approved By Title APPR 30 Z012 Title APPR 30 Z012 Title APPR 30 Z012 Title Title APPR 30 Z012 Title Title APPR 30 Z012 Title Title Bull SLESS Even to look of the United Start or office the United Start or office to the Carlsbad Committed to those rights in the subject leave incided and well MINIF Bill SLESS W Jul SLESS Start or office to the Carlsbad Committed to AFMSS for processing by KURT SIMMONS on 04/19/2012 () The REGULATORY SPECIALIST III Date Date Odd/17/2012 THIS SPACE FOR FEDERAL OR STATE OFFICE BUS OFFICE APPROVED Approved By T	600 TRAVIS STREET SUITE 5100 Ph: 281-8					le)	10 Field a GRAY	10 Field and Pool, or Exploratory GRAYBURG JACKSON;SR-Q-G-S			
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Acidize	4. Location of Well (Fo	ootage, Sec., T	R., M., or Survey Description)				11. County	or Parish	, and State		
TYPE OF SUBMISSION				-			EDDY	EDDY COUNTY, N			
Notice of Intent	12. CH	HECK APPE	ROPRIATE BOX(ES) TO	INDICATI	E NATURE OF	NOT	ICE, REPORT, O	R OTHE	ER DATA		
Subsequent Report	TYPE OF SUBMI	SSION	**************************************	· · · · · · · · · · · · · · · · · · ·	TYPE (OF AC	TION				
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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 recomplete 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 or the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 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 PROPOSES TO MIRU ON WELL, TEST CSG & MAKE REPAIRS. CLEAN OUT TO TD AND RETURN TO PRODUCTION. SEE ATTACHED FOR CONDITIONS OF APPROVAL RECEIVED MAY 0.3 2012 NMOCD ARTESIA 14 Thereby certify that the foregoing is true and correct. Electronic Submission #135582 verified by the BLM Well Information System For LINN OPERATING, INC., sent to the Carlisbad Committed to AFMSS for processing by KURT SIMMONS on 04/19/2012 () Name(Printed/Typed) TERRY B CALLAHAN Title REGULATORY SPECIALIST III Signature (Electronic Submission) Date 04/17/2012 THIS SPACE FOR FEDERAL OR STATE OFFICE PROVED Approved By Conditions of approval, if any, are attached. Approval of this notice does not warrant or carried the applicant holds legal or equitable title to those rights in the subject lease high test the applicant holds. Segal or equitable title to those rights in the subject lease of the poplicant to order the poplicant for other control of the province of the United State Wall-Mathweight or assertion of the United State Wall-Ma	. -			_				on	Other Workover Operations		
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Current Wellbore Schemall 1D @ 3820. 3566 - 3261; 3377 - 3476 3562 - 3712 Wed Name: Ligation Apt # Elevations Depths (KB): 5733,5:-Sur Gas: 8 5/8 9 16 1, 35 24# 5et @ 386

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Conditions of Approval

Linn Operating, Inc. C A Russell - 019 API 3001528924

April 26, 2012

- 1. BLM approval is required prior to a liner installation or casing replacement. Approval is only for casing cement squeezes.
- 2. Surface disturbance beyond the originally approved pad shall have prior approval.
- 3. A closed loop system is required. The operator shall properly dispose of drilling/circulating contents at an authorized disposal site. Tanks are required for all operations, no excavated pits.
- 4. Functional H₂S monitoring equipment shall be on location.
- 5. A minimum of 2000 (2M) BOPE is to be used. All blowout preventer (BOP) and related equipment (BOPE) shall comply with reasonable well control requirements. A two ram system with a blind ram and a pipe ram designed for the size of the work string shall be adequate. Tapered work strings will require an additional pipe ram. The manifold shall comply with Onshore Oil and Gas Order #2 Attachment I (2M) Diagrams of Choke Manifold Equipment). The accumulator system shall have an immediately available power source to close the rams and retain 200 psi above pre-charge. The pre-charge test shall follow requirements in Onshore Order #2.
- 6. All waste (i.e. trash, salts, chemicals, sewage, gray water, etc.) created as a result of work over operations shall be safely contained and disposed of properly at a waste disposal facility. No waste material or fluid shall be disposed of on the well location or surrounding area. Porto-johns and trash containers will be on-location during fracturing operations or any other crew-intensive operations.
- 7. Set a temporary plug just above the top perf of 2761' and perform a charted mechanical integrity test to 500 psig for 30 minutes. Call 575-361-2822, if there is no response, email Paul R. Swartz pswartz@blm.gov or phone 575-200-7902 a minimum of twenty four hours before the test. Pressure leakoff may require correction for approval. Include a copy of the chart with the subsequent sundry for this workover.
- 8. File a subsequent sundry Form 3160-5 within 30 days. Date and describe the operation procedures. Note the date of returning to production.
- 9. Workover approval is good for 90 days (completion to be within 90 days of approval). A legitimate request is necessary for extension of that date.
- 10. Submit a procedure for approval to plug this well in the event it is not returned to beneficial use.

PRS 042612 / WWI 043012