Form 3160-5 (August 2007)

UNITED STATES

DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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

| 5. | Lease Serial No. | |
|----|------------------|--|
| | NMI C029435B | |

| SUNDRY I Do not use thi abandoned wel | Lease Serial No. NMLC029435B If Indian, Allottee or Tribe Name | | | | | | | | |
|--|---|--|--|---|--|---|--|--|--|
| SUBMIT IN TRIE | 7. If Unit or CA/Agreement, Name and/or No. | | | | | | | | |
| Type of Well | | 8. Well Name and No. J L KEEL B 63 | | | | | | | |
| Name of Operator LINN OPERATING INCORPO | | 9. API Well No. 30-015-28294-00-S1 | | | | | | | |
| 3a. Address 600 TRAVIS STREET SUITE HOUSTON, TX 77002 | (include area code) 0-4272 | | 10. Field and Pool, or Exploratory GRAYBURG | | | | | | |
| 4. Location of Well (Footage, Sec., T. Sec 6 T17S R31E SWSW 131 | | 11. County or Parish, and State EDDY COUNTY, NM | | | | | | | |
| 12. CHECK APPR | COPRIATE BOX(ES) TO |) INDICATE | NATURE OF 1 | NOTICE, RE | PORT, OR OTHER | R DATA | | | |
| TYPE OF SUBMISSION | TYPE OF SUBMISSION TYPE OF ACTION | | | | | | | | |
| □ Notice of Intent☑ Subsequent Report | ☐ Acidize ☐ Alter Casing ☐ Casing Repair | ☐ Frac | Deepen ☐ Production (Start/I Fracture Treat ☐ Recomplete | | tion | □ Water Shut-Off□ Well Integrity□ Other | | | |
| ☐ Final Abandonment Notice | ☐ Change Plans ☐ Convert to Injection | 🗖 Plug 🗖 Plug | and Abandon Back | ☐ Tempora☐ Water D | nrily Abandon isposal | | | | |
| 13. Describe Proposed or Completed Open If the proposal is to deepen directions Attach the Bond under which the wor following completion of the involved testing has been completed. Final Ab- determined that the site is ready for final | ally or recomplete horizontally, k will be performed or provide operations. If the operation resonandonment Notices shall be file | give subsurface the Bond No. or sults in a multipl | locations and measure file with BLM/BIA e completion or reco | ared and true ver A. Required sub completion in a n | rtical depths of all pertings sequent reports shall be ew interval, a Form 316 | ent markers and zones. filed within 30 days 0-4 shall be filed once | | | |
| 12/19/2012 - BLADE SERVIC | 12/19/2012 - BLADE SERVICES USED CALICHE TO CONTOUR LANDSCAPE. | | | | | | | | |
| 6/7/2013 - DIVERSIFIED SEE RETURNED TO PASTURE. | DED USING 100# OF LE | ESSOR PRAII | RIE CHICKEN S | SEED (AS PE | R BLM). LOCATIO | N | | | |
| LOCATION HAS BEEN RECLAIMED AND IS READY FOR INSPECTION. RECEIVED NOV 19 2013 NMOCD ARTERIA | | | | | | | | | |
| | true and correct. Electronic Submission #. For LINN OPERA itted to AFMSS for proces: CALLAHAN | TING INCORP | ORATED, sent to NY DICKERSON | o the Carlsbac | System d (13JLD1026SE) | | | | |
| Signature (Electronic S | Submission) | | Date 07/25/2 | 2013 | | | | | |
| | THIS SPACE FO | OR FEDERA | L OR STATE | OFFICE US | SE | | | | |
| Approved By ACCEPT | | JAMES A AMOS TitleSUPERVISOR EPS | | Date 11/13/2013 | | | | | |
| Conditions of approval, if any, are attache certify that the applicant holds legal or equivalent would entitle the applicant to conduct the applicant the applicant to conduct the applicant to conduct the applicant the applicant the applicant to conduct the applicant the applicant the applicant to conduct the applicant t | uitable title to those rights in the | Office Carlsbad | | | | | | | |
| Fitle 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent | | | | | ke to any department or | agency of the United | | | |