

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD Artesia

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

**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.*

5. Lease Serial No.  
NMLC029548A

6. If Indian, Allottee or Tribe Name

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

**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		8. Well Name and No. C A RUSSELL 005
2. Name of Operator LINN OPERATING INC Contact: TERRY B CALLAHAN E-Mail: tcallahan@linnenergy.com		9. API Well No. 30-015-05218
3a. Address 600 TRAVIS STREET, SUITE 5100 HOUSTON, TX 77002	3b. Phone No. (include area code) Ph: 281-840-4272	10. Field and Pool, or Exploratory GRAYBURG JACKSON;SR-Q-G-S
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 18 T17S R31E Mer NMP SWNW 2200FNL 440FWL 32.835698 N Lat, 103.915489 W Lon		11. County or Parish, and State EDDY COUNTY 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"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<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	? JENTING & 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 shall 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 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 FLARE 25 MCF/D FROM THE NMLC029548A FOR 90 DAYS SO WE CAN EXPLORE GAS INJECTION.

THE WELLS ARE AS FOLLOWS:

- API Well Name Well Number Type
- 30-015-05218 C A RUSSELL #005 Oil ✓
- 30-015-28809 C A RUSSELL #012 Oil ✓
- 30-015-28756 C A RUSSELL #013 Oil ✓
- 30-015-28799 C A RUSSELL #014 Oil ✓
- 30-015-28757 C A RUSSELL #015 Oil ✓
- 30-015-28867 C A RUSSELL #016 Oil ✓

*WD 3/25/14*  
*Accepted for record*  
*NMOCB*

SUBJECT TO LURE  
APPROVAL BY STATE

SEE ATTACHED FOR  
CONDITIONS OF APPROVAL

*From Date of Receipt*

**RECEIVED**  
MAR 19 2014  
**NMOCB ARTESIA**

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

Electronic Submission #224683 verified by the BLM Well Information System  
For LINN OPERATING INC, sent to the Carlsbad  
Committed to AFMSS for processing by JOHNNY DICKERSON on 11/26/2013 ()

Name (Printed/Typed) TERRY B CALLAHAN	Title REG COMPLIANCE SPECIALIST III
Signature (Electronic Submission)	Date 10/29/2013

THIS SPACE FOR FEDERAL OR STATE OFFICE USE  
**APPROVED**

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 _____	MAR 13 2014	

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowing or recklessly disregarding the truth to provide false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

**Additional data for EC transaction #224683 that would not fit on the form**

**32. Additional remarks, continued**

30-015-28835 C A RUSSELL #017 Oil ✓  
30-015-28794 C A RUSSELL #018 Oil ✓  
30-015-28924 C A RUSSELL #019 Oil ✓  
30-015-28889 C A RUSSELL #020 Oil ✓  
30-015-28868 C A RUSSELL #021 Oil ✓

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

3/13/2014 Approved subject to Conditions of Approval. JDB

Condition of Approval to Flare Gas

1. Report all volumes on OGOR reports.
2. Comply with NTL-4A requirements
3. Subject to like approval from NMOCD
4. **Flared volumes will still require payment of royalties**
5. Install gas meter on vent/flare line to measure gas prior to venting/flaring operations if it is not equipped as such at this time. Gas meter to meet all requirements for sale meter as Federal Regulations and Onshore Order #5. Include meter serial number on sundry.
6. This approval does not authorize any additional surface disturbance.
7. Submit updated facility diagram as per Onshore Order #3.
8. Approval not to exceed 90 days for date of approval.
9. Submit Subsequent Report to this sundry with actual volumes of gas flared monthly on 3160-5 (sundry notice).
10. If flaring is still required past 90 days submit new request for approval.
11. If a portable unit is used to flare gas it must be monitored at all times.
12. Comply with any restrictions or regulations when on State or Fee surface.

JDB