

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Carlsbad Field Office
WCD Artesia

FORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018

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. NMLC029426B
6. If Indian, Allottee or Tribe Name
7. If Unit or CA/Agreement, Name and/or No.
8. Well Name and No. H E WEST B 84
9. API Well No. 30-015-28300-00-S1
10. Field and Pool or Exploratory Area GRAYBURG
11. County or Parish, State EDDY COUNTY, NM

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	
2. Name of Operator LINN OPERATING INCORPORATED	
Contact: DILLON A SALAS E-Mail: apollo.salas44@gmail.com	
3a. Address 600 TRAVIS STREET SUITE 5100 HOUSTON, TX 77002	3b. Phone No. (include area code) Ph: 575-492-1236 Fx: 575-492-1237
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 4 T17S R31E NWSW 2620FSL 10FWL	

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input 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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<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 Drilling Operations
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<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 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 must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

6-12-19 to 6-13-19

- MIRU PU. Unhang well. POOH and LD rod string. Heavy Paraffin.
- RU hot oiler and pumped 45bbl of hot water w/5gal of paraffin dispersant at 200 degrees down tbg.
- Loaded tbg w/11bbl, pressured up to 500psi, tbg. held.
- RIH w/rod string. Hang back on. Pumping well.
- PBOP. Producing 2.5bopd, 8MCFpd, and 31bwpd.
- RD, clean location, travel rig to next location.

RECEIVED

GC 7/24/19
Accepted for record - NMOCD

JUL 23 2019

DISTRICT II-ARTESIA O.C.D.

14. I hereby certify that the foregoing is true and correct. Electronic Submission #469690 verified by the BLM Well Information System For LINN OPERATING INCORPORATED, sent to the Carlsbad Committed to AFMSS for processing by PRISCILLA PEREZ on 06/19/2019 (19PP2513SE)	
Name (Printed/Typed) MERCH MERCHANT	Title PROJECT MANAGER
Signature (Electronic Submission)	Date 06/18/2019

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title Accepted for Record	Date JUN 25 2019
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 Jonathon Shepard Carlsbad Field 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.

(Instructions on page 2)

**** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ****

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5. Lease Serial No. LC 029426-B
6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator POGO OIL & GAS OPERATING, INC

3a. Address P.O. Box 3217 Hobbs, NM 88240 3b. Phone No. (include area code) (575) 492-1236

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
SEC 4 T17S R31E, 2620FSL 10FWL

7. If Unit of CA/Agreement, Name and/or No.
H E West B

8. Well Name and No. 84

9. API Well No. 30-015-28300

10. Field and Pool or Exploratory Area
GRAYBURG JACKSON; SR-Q-G-SA

11. Country or Parish, State
EDDY COUNTY, NM

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

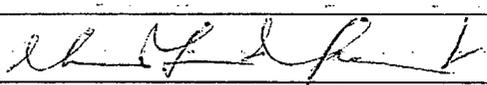
TYPE OF SUBMISSION	TYPE OF ACTION				
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<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity	
<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		
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- PBOP. Producing 2.5bopd, 8MCFpd, and 31bwpd.
- RD, clean location, travel rig to next location.

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed) M.Y. Merchant

Signature 

Title Production Manager

Date 06/17/2019

THE SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

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.

Title

Office

Date

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