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Form 3160-5 (August 2007) UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT				FORM APPROVED OMB No. 1004-0137 Expires: July 31, 2010		
				5. Lease Serial No. NMLC029395B		
SUNDRY NOTICES AND REPORTS ON WELLS				6. If Indian, Allottee or Tribe Name		
	orm for proposals to d Jse Form 3160-3 (APD				·	
SUBMIT IN TRIPLICATE - Other instructions on page 2.				7. If Unit of CA/Agreement, Name and/or No.		
1. Type of Well				8. Well Name and No.	E REAL II)	
Oil Well Gas Well Other				8. Well Name and No. TURNER B #95 Turner B (North) 9. API Well No.		
2. Name of Operator LINN OPERATING INC 3a. Address 3b. Phone No. (include area code)				30-015-25612 10. Field and Pool or Exploratory Area		
600 TRAVIS STREET, SUITE 5100, HOUSTON, TX 77002 281-840-4000				GRAYBURG JACKSON;SR-Q-G-SA		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) L-20-175-31E 2810 FSL 1000FWL			1	11. Country or Parish, State EDDY, NM		
12. CHEC	K THE APPROPRIATE BOX(E	S) TO INDICATE NATURI	E OF NOTIC	E, REPORT OR OTHE	R DATA	
TYPE OF SUBMISSION		ΤY	PE OF ACTI	ION		
Notice of Intent	Acidize	Deepen	Produ	uction (Start/Resume)	Water Shut-Off	
	Alter Casing	Fracture Treat New Construction	·	imation	Vell Integrity	
Subsequent Report	Change Plans	Plug and Abandon		mplete xorarily Abandon	STEEL TANK	
Final Abandonment Notice	Convert to Injection	Plug Back	Water	r Disposal		
& Gas Order handling	ed operations. If the operation radiandonment Notices must be fi r final inspection.) KE BURTON ON 8/27/2013 (O (2) TEMPORARY 500 BBL WO (2) TEMPORARY 500 BBL WO (2) TEMPORARY 500 BBL THONAL SURFACE DISTURE Cubject to -S as the and me	esults in a multiple completion led only after all requirement a 11:30 A.M. TO ADVISE STEEL PRODUCTION TA BL TANKS WILL HAVE A BANCE OFF WELL PAD.	in or recompl ts, including OF A SPILL ANKS (SEE BERM SUR ADC (DDC)	LON THE TURNER B ATTACHED DRAWIN ROUNDING THE TAI STACKED DRAWIN ROUNDING THE TAI STACK TOF ISC States TOF ISC States Top 9/ With Sco 9/	a Form 3160-4 must be filed once completed and the operator has B FACILITY IN EDDY COUNTY, IG) ON LOCATION SO WE CAN NKS AS INDICATED ON THE CTO	
14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed) TEPRY B. CALLAHAD						
Alla	TERRY B. CALLAHAN Tille REGULATORY COMPLIANCE SPECIALIST III					
Signature UUUA						
Approved by		DR FEDERAL OR ST				
Approved by	· (mo	Title	SEPS		Date 8-31-13	
Conditions of approval, if any, are attache that the applicant holds legal or equitable t entitle the applicant to conduct operations	title to those rights in the subject le	t warrant or certify				
Title 18 U.S.C. Section 1001 and Title 43 Inclutious or fraudulent statements or repri	U.S.C. Section 1212, make it a cri	me for any person knowingly a		to make to any department	t or agency of the United States any false,	
(Instructions on page 2)						
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