B SUNDRY						I APPROVED NO. 1004-0135 :: July 31, 2010
SUBMIT IN TRIPLICATE - Other instructions on reverse side.					7. If Unit or CΛ/Agreement, Name and/or No.	
1. Type of Well					8. Well Name and No. HUDSON FEDERAL 5	
Ø Oil Well Gas Well Other 2. Name of Operator Contact: TERRY B CALLAHAN					9. API Well No.	
LINN OPERATING INCORPORATED E-Mail: tcallahan@linnenergy.com					30-015-20073-00-S1	
3a. Address 600 TRAVIS STREET SUITE HOUSTON, TX 77002	3b. Phone No. (include area code) Ph: 281-840-4272 Fx: 281-547-4646			10. Field and Pool, or Exploratory GRAYBURG		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					11. County or Parish, and State	
Sec 17 T17S R31E SWNW 2				EDDY COUNTY, NM		
12. CHECK APP	ROPRIATE BOX(ES) TO	O INDICATE	E NATURE OF	NOTICE, R	EPORT, OR OTHE	ER DATA
TYPE OF SUBMISSION	TYPE OF ACTION					
Notice of Intent		Dee	pen	Produc	tion (Start/Resume)	U Water Shut-Off
Subsequent Report	□ Alter Casing	—	cture Treat	🗖 Reclan	nation	U Well Integrity
	Casing Repair	—	v Construction	C Recom	•	🛛 Other Venting and/or Flari
Final Abandonment Notice	 Change Plans Convert to Injection 		 Plug and Abandon Temporarily Aba Plug Back Water Disposal 		•	ng
following completion of the involved testing has been completed. Final A determined that the site is ready for f LINN IS REQUESTING TO F INJECTION. THE WELLS ARE AS FOLLO API Well Name Well Number 30-015-20073 HUDSON FED 30-015-28961 HUDSON FED 30-015-28888 HUDSON FED 30-015-28962 HUDSON FED 30-015-28834 HUDSON FED 30-015-28834 HUDSON FED	bandonment Notices shall be fil- inal inspection.) LARE 16 MCF/D FROM T WS: ERAL #005 Oil ERAL #007 Oil ERAL #008 Oil ERAL #010 Oil ERAL #011 Oil	ed only after all	requirements, inclu 4908 FOR 90 E	SEE AT CONDI	TACHED F TIONS OF A	, and the operator has GAS OR
14. I hereby certify that the foregoing is	s true and correct. Electronic Submission #	234510 verifie	d by the BLM W	ell Informatio		
Con	For LINN OPERA mitted to AFMSS for proce	TING INCORP	ORATED, sent t	to the Carlsba	ad 🐛 🔍	RECEIVED
Name(Printed/Typed) TERRY B	CALLAHAN		Title REG C	COMPLIANC	E SPECIALIST III	
Circusture (Electronic)	· · · · · · · · · · · · · · · · · · ·		;	0.011		
Signature (Electronic Submission) Date 02/04/20 THIS SPACE FOR FEDERAL OR STATE					SEU)IEAD. M	ABET
					SE DIPUT	<u>45090/</u>
Approved By	. _		Title	///	2010 An	Date
Conditions of approval, if any, are attached certify that the applicant holds legal or eq which would entitle the applicant to condu-	Office	ptter	the Land	Jus		
Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent	U.S.C. Section 1212, make it a statements or representations as	crime for any po to any matter w	erson knowingly an ithin its jurisdiction	d willfull\$_to in	ake to any department/o	agency of the United
	ISED ** BLM REVISEI			M REVISE	ý ÷	

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Additional data for EC transaction #234510 that would not fit on the form

32. Additional remarks, continued

30-015-30995 HUDSON FEDERAL #013 Oil 30-015-31251 HUDSON FEDERAL #014 Oil

Hudson Federal 5 30-015-20073 LINN Operating Incorporated February 10, 2015 Conditions of Approval

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.

021015 JAM