| Form 3160-5<br>(August 2007)   | UNITED STATES<br>DEPARTMENT OF THE INTERIOR<br>BUREAU OF LAND MANAGEMENT  |   |  | OCD Artesia  |   | FORM APPROVED<br>OMB NO. 1004-0135<br>Expires: July 31, 2010                       |                                     |                              |  |
|--|---|---|--|--|---|--|-------------------------------------|------------------------------|--|
|  | SUNDRY NOTICES AND REPORTS ON WELLS<br>Do not use this form for proposals to drill or to re-enter an<br>abandoned well. Use form 3160-3 (APD) for such proposals. |   |  |  |   | 5. Lease Serial No.<br>NMLC029435B 6. If Indian, Allottee or Tribe Name            |                                     |                              |  |
| SUBMIT IN TRIPLICATE - Other instructions on reverse side.                         |   |   |  |  |   | 7. If Unit or CA/Agreement, Name and/or No.  |                                     |                              |  |
| 1. Type of Well  |   |   |  |  |   | 8. Well Name and No.<br>J L KEEL B 29  |                                     |                              |  |
| Oil Well Gas Well Other: INJECTION Contact: TERRY B CALLAHAN                       |   |   |  |  |   | 9. API Well No.  |                                     |                              |  |
| LINN OPERATING INCORPORATED E-Mail: tcallahan@linnenergy.com                       |   |   |  |  |   | 30-015-10471-00-S1   |                                     |                              |  |
|  |   |   |  | No. (include area code)<br>840-4272                                |   | 10. Field and Pool, or Exploratory<br>GRAYBURG                                     |                                     |                              |  |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)             |   |   |  |  |   | 11. County or Parish, and State  |                                     |                              |  |
| Sec 8 T17S R31E NESW 1980FSL 1980FWL   |   |   |  |  |   | EDDY COUNTY, NM  |                                     |                              |  |
| 1  | 2. CHECK APPI   | ROPRIATE BOX(ES) TO   | ) INDICATE   | NATURE OF  | NOTICE, R   | L<br>EPORT, OR OTHEI   | R DAT                               | A                            |  |
| TYPE OF S  | TYPE OF SUBMISSION TYPE OF ACTION   |   |  |  |   |  |                                     |                              |  |
| □ Notice of I  | ntent   | 🗖 Acidize 👘 D   |  | pen  | Product   | Production (Start/Resume)  |                                     | □ Water Shut-Off             |  |
| _  |   | □ Alter Casing  | Fracture Treat   |  | 🛛 Reclam  | Reclamation  |                                     | Well Integrity               |  |
| Subsequen  | Subsequent Report Casing Repair   |   | 🗖 New  | New Construction   |   | Recomplete   |                                     | her                          |  |
| Final Abandonment Notice   |   | Change Plans  |  | , and Abandon  |   | Temporarily Abandon  |                                     |                              |  |
|  |   | Convert to Injection<br>eration (clearly state all pertiner     | Plug Back 🖸 Water  |  | U Water I   |  |                                     |                              |  |
| Attach the Bon<br>following comp<br>testing has been<br>determined that            | d under which the wo<br>bletion of the involved<br>completed. Final Al<br>the site is ready for f   |   | the Bond No. or<br>sults in a multipl<br>ed only after all | n file with BLM/BI/<br>e completion or rec<br>requirements, inclus | A. Required su<br>ompletion in a<br>ding reclamatio | bsequent reports shall be<br>new interval, a Form 316<br>n, have been completed, a | filed wit<br>0-4 shall<br>and the e | hin 30 days<br>be filed once |  |
|  |   |   |  |  |   | EERVAI   |                                     |                              |  |
| THIS SITE F  | AS BEEN RECL  | AIMED AND RESTORED  | TOTISNAT   | URAL STATE.  | - 11  | ONSIGTRIC.   |                                     |                              |  |
| THIS SITE HAS BEEN RECLAIMED AND RESTORED TO ITS NATURAL STATE.                    |   |   |  |  |   |  |                                     |                              |  |
|  |   |   |  |  | •   | JAN 1  |                                     |                              |  |
|  |   |   |  |  |   | CEIVED   |                                     |                              |  |
| Accepted for record RECEIVED   |   |   |  |  |   |  |                                     |                              |  |
| (R) NMOCD 1/15/14  |   |   |  |  |   |  |                                     |                              |  |
| 14. I hereby certif  | y that the foregoing is   | # Electronic Submission<br>For LINN OPERA                       | TING INCORP  | ORATED, sent to  | o the Carlsba                                       | d  |                                     |                              |  |
| Committed to AFMSS for processing by LIND<br>Name (Printed/Typed) TERRY B CALLAHAN |   |   |  |  |   | E SPECIALIST III   |                                     |                              |  |
|  |   |   |  |  |   |  |                                     |                              |  |
| Signature  | (Electronic   | Submission)   |  | Date 05/02/2   | 2014  |  | <u> </u>                            |                              |  |
|  |   | THIS SPACE FO   | DR FEDERA  | L OR STATE   | OFFICE U  | SE   |                                     |                              |  |
| _Approved By_ACCEPTED_   |   |   |  | JAMES A AMOS<br>TitleSUPERVISORY PET                               |   | i  | Date 01/12/2016                     |                              |  |
| Conditions of appro<br>certify that the appli                                      | d. Approval of this notice does<br>uitable title to those rights in the<br>act operations thereon.  |   | Office Carlsbad  |  |   |  |                                     |                              |  |
|  |   | U.S.C. Section 1212, make it a statements or representations as |  |  |   | ake to any department or   | agency of                           | of the United                |  |

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