

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Carlsbad Field Office  
NMOC D 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.  
NMNM22080

6. If Indian, Allottee or Tribe Name

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

**SUBMIT IN TRIPLICATE - Other instructions on page 2**

1. Type of Well  
☐ Oil Well ☒ Gas Well ☐ Other

8. Well Name and No.  
BARCLAY FEDERAL 22

2. Name of Operator Contact: DILLON A SALAS  
LINN OPERATING INCORPORATED E-Mail: apollo.salas44@gmail.com

9. API Well No.  
30-015-33654-00-S1

3a. Address  
600 TRAVIS STREET SUITE 5100  
HOUSTON, TX 77002

3b. Phone No. (include area code)  
Ph: 575-492-1236  
Fx: 575-492-1237

10. Field and Pool or Exploratory Area  
LIVINGSTON RIDGE-DELAWARE

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 12 T23S R31E SENW 2000FNL 2180FWL

11. County 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			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input checked="" 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 type="checkbox"/> Other
	<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 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 must 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 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.

10-1-19 to 10-3-19

- RU pulling unit. TOH w/ rods & pump.
- Hot watered tbg. NU BOP. TOH w/ tbg.
- Hydrotest tbg. replace 2 jts w/yellowband.
- ND BOP.
- TIH w/ rods & pump. RTP.
- RD 10/3/2019, clean location, travel rig to next location.

GC 11/6/19  
Accepted for record - NMOC D

NM OIL CONSERVATION  
ARTESIA DISTRICT  
NOV 04 2019

RECEIVED

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

Electronic Submission #488855 verified by the BLM Well Information System  
For LINN OPERATING INCORPORATED, sent to the Carlsbad  
Committed to AFMSS for processing by PRISCILLA PEREZ on 10/21/2019 (20PP0185SE)

Name (Printed/Typed) M.Y. MERCHANT

Title PROJECT MANAGER

Signature (Electronic Submission)

Date 10/18/2019

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

Approved By

Title

Accepted for Record

OCT 22 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. **NM22080**

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 12 T23S R31E 2000FNL 2180FWL**

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

8. Well Name and No. **BARCLAY FEDERAL 22**

9. API Well No. **30-015-33654**

10. Field and Pool or Exploratory Area  
**LIVINGSTON RIDGE (DELAWARE, SOUTH)**

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

- ☐ Notice of Intent
- ☒ Subsequent Report
- ☐ Final Abandonment Notice

TYPE OF ACTION

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Acidize              | <input type="checkbox"/> Deepen               | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off   |
| <input type="checkbox"/> Alter Casing         | <input type="checkbox"/> Hydraulic Fracturing | <input type="checkbox"/> Reclamation               | <input type="checkbox"/> Well Integrity   |
| <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       |   |
| <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug Back            | <input type="checkbox"/> Water Disposal            |   |

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

**M.Y. Merchant**

Project Manager

Title

Signature



Date

10/07/2019

**THE SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by

Title

Date

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Office

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