

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010**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.
NMLC029548A

6. If Indian, Allottee or Tribe Name

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

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other: INJECTION8. Well Name and No.
C A RUSSELL 10

2. Name of Operator

LINN OPERATING INC

Contact: NANCY FITZWATER

E-Mail: nfitzwat@linnenergy.com

9. API Well No.

30-015-05233

3a. Address

600 TRAVIS, STE 5100
HOUSTON, TX 77002

3b. Phone No. (include area code)

Ph: 281-840-4266
Fx: 281-840-400610. Field and Pool, or Exploratory
GRAYBURG JACKSON

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 18 T17S R31E 2200FNL 2665FEL

11. County or Parish, and State

EDDY COUNTY-COUNTY, NM

12. CHECK 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"/> Fracture Treat	<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 shall 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 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Notice that we have returned this well to production
Re-delivery:

4-5-11 Acidize with 4000 gals of 15% HCl, choked injection rate 146, tubing psi @ 1280. Last production Jan-2010

**If well goes off production for more than
30 days notify BLM by Sundry within
5 business days**

Accepted for record**NMOCD**
5/27/11**RECEIVED**

MAY 17 2011

NMOCD ARTESIA**ACCEPTED FOR RECORD**

MAY 12 2011

John H. H. H.
BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

14. Thereby certify that the foregoing is true and correct.

**Electronic Submission #106850 verified by the BLM Well Information System
For LINN OPERATING INC, sent to the Carlsbad**

Name (Printed/Typed) TAMMY SCARBOROUGH

Title FIELD ADMIN III

Signature (Electronic Submission)

Date 04/21/2011

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By

Title

Date

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

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.

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****