

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Carlsbad Field Office
OCD 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.

8. Well Name and No.
BARCLAY FEDERAL 22

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

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

11. County or Parish, State
EDDY COUNTY, NM

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well
 Oil Well Gas Well Other

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

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

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

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

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 recomplete 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 recompletion 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 - NMOCB
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	Date 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.

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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

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 - RD 10/3/2019, clean location, travel rig to next location.

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed) **M.Y. Merchant** Title **Project Manager**

Signature  Date **10/07/2019**

THE 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 _____

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(Instructions on page 2)