

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCB 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.**

**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMLC029395B
2. Name of Operator LINN OPERATING, INC.		6. If Indian, Allottee or Tribe Name
Contact: NANCY FITZWATER E-Mail: NFITZWATER@LINNENERGY.COM		7. If Unit or CA/Agreement, Name and/or No.
3a. Address 600 TRAVIS SUITE 5100 HOUSTON, TX 77002	3b. Phone No. (include area code) Ph: 281-840-4266 Fx: 281-840-4006	8. Well Name and No. TURNER "B" 108
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 30 T17S R31E 2190FSL 1700FWL		9. API Well No. 30-015-28984
		10. Field and Pool, or Exploratory GRAYBURG JACKSON
		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 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 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	

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.)

This is notice to let you know we have returned this well to production. The pumping unit was put back in service and the well was tested on 11/21/2010:  
4 BOPD, 44 BWPD, 2 MCFD.

Accepted for record  
NMOCD RT  
12/27/10

RECEIVED  
DEC 09 2010  
NMOCD ARTESIA

ACCEPTED FOR RECORD  
DEC 3 2010  
BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

14. Thereby certify that the foregoing is true and correct. Electronic Submission #98032 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 11/23/2010

**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 \*\***

Submit 1 Copy To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
October 13, 2009

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-015-28984
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. LC 029395 B
7. Lease Name or Unit Agreement Name Turner "B"
8. Well Number 108
9. OGRID Number 136025
10. Pool name or Wildcat Grayburg
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3601' GL

SUNDRY NOTICES AND REPORTS ON WELLS  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

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

2. Name of Operator LINN OPERATING, INC.

3. Address of Operator  
600 Travis St., Suite 5100, Houston, Tx 77002

4. Well Location

Unit Letter K : 2190 feet from the S line and 1700 feet from the W line  
Section 30 Township 17S Range 31E NMPM Eddy County

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

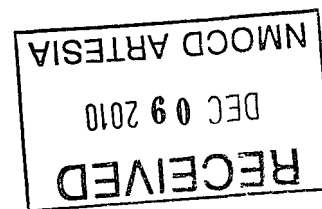
REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: ☒

OTHER: ☒

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

We have returned this well to production by putting the pumping unit back in service and the well was tested on 11/21/10.  
The production was 4 BOPD, 44 BWPD and 2 MCFD.



Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Tammy Scarborough TITLE Field Admin III DATE 12/07/2010

Type or print name Tammy Scarborough E-mail address: tscarborough@linnenergy.com PHONE: 432-366-1557  
For State Use Only

APPROVED BY: Richard Ince TITLE Compliance Officer DATE 12/27/10