

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Hobbs

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.
NMLC059152B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.
NMNM91009X

8. Well Name and No.
C.M.U. 63

9. API Well No.
30-025-00663-00-S1

10. Field and Pool, or Exploratory
MALJAMAR

11. County or Parish, and State
LEA COUNTY, NM

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
LINN OPERATING INCORPORATED
Contact: TERRY B CALLAHAN
E-Mail: tcallahan@linnenergy.com

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

3b. Phone No. (include area code)
Ph: 281-840-4272

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 24 T17S R32E NESE 1980FSL 660FEL

HOBBS OCD
APR 06 2015
RECEIVED

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" 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 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 Venting and/or Flaring
	<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 recomple 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 recompletion 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.)

LINN WOULD LIKE TO REQUEST TO FLARE 17 MCF/D FROM THE NMNM91009X FOR 90 DAYS. WE REQUEST TO FLARE DUE TO REPAIRS AT THE DCP PLANT.

- API Well Name Well Number Type Lease
- ~~30-025-00676 CAPROCK MALJAMAR UNIT #060 Oil Federal~~
 - ~~30-025-00663 CAPROCK MALJAMAR UNIT #063 Oil Federal~~
 - ~~30-025-00670 CAPROCK MALJAMAR UNIT #073 Oil Federal~~
 - ~~30-025-33517 CAPROCK MALJAMAR UNIT #171 Oil Federal~~
 - ~~30-025-33423 CAPROCK MALJAMAR UNIT #172 Oil Federal~~
 - ~~30-025-32201 CAPROCK MALJAMAR UNIT #173 Oil Federal~~
 - ~~30-025-33422 CAPROCK MALJAMAR UNIT #186 Oil Federal~~
 - ~~30-025-33421 CAPROCK MALJAMAR UNIT #187 Oil Federal~~

SEE ATTACHED FOR
CONDITIONS OF APPROVAL

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

Electronic Submission #232304 verified by the BLM Well Information System For LINN OPERATING INCORPORATED, sent to the Hobbs Committed to AFMSS for processing by JIM AMOS on 04/01/2014 (14JA0460SE)

Name (Printed/Typed) TERRY B CALLAHAN Title REGULATORY SPECIALIST III

Signature (Electronic Submission) Date 01/16/2015

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____ Title _____ Date MAR 31 2015

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 BUREAU OF LAND MANAGEMENT

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.

** BLM REVISED **

MJB/OCD 4/6/2015
Accepted for Record Only

APR 07 2015

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Additional data for EC transaction #232304 that would not fit on the form

32. Additional remarks, continued

30-025-24810 CAPROCK MALJAMAR UNIT #201 Oil Federal

30-025-26552 CAPROCK MALJAMAR UNIT #202 Oil Federal

~~30-025-33821 CAPROCK MALJAMAR UNIT #266 Oil Federal~~

30-025-33841 CAPROCK MALJAMAR UNIT #268 Oil Federal

ABD.

CMU 63
30-025-00663
Linn Operating Incorporated
March 31, 2015
Conditions of Approval

1. Report all volumes on OGOR B as disposition code 08.
2. Comply with NTL-4A requirements
3. Subject to like approval from NMOCD
4. Flared volumes will still require payment of royalties
5. Install gas meter on vent/flare line to measure gas prior to venting/flaring operations if it is not equipped as such at this time. Gas meter to meet all requirements for sale meter as Federal Regulations and Onshore Order #5. Include meter serial number on sundry.
6. This approval does not authorize any additional surface disturbance.
7. Submit updated facility diagram as per Onshore Order #3.
8. Approval not to exceed 90 days for date of approval.
9. Submit Subsequent Report to this sundry with actual volumes of gas flared monthly on 3160-5 (sundry notice).
10. If flaring is still required past 90 days submit new request for approval.
11. If a portable unit is used to flare gas it must be monitored at all times.
12. Comply with any restrictions or regulations when on State or Fee surface.

033115 JAM