

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.

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. NMLC059152B
2. Name of Operator LINN OPERATING INCORPORATED E-Mail: abolanos@linnenergy.com Contact: ALEX BOLANOS		6. If Indian, Allottee or Tribe Name
3a. Address 600 TRAVIS STREET SUITE 5100 HOUSTON, TX 77002	3b. Phone No. (include area code) Ph: 281-840-4352 Fx: 832-209-4338	7. If Unit or CA/Agreement, Name and/or No. NMNM91009X
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 24 T17S R32E NESE 1980FSL 660FEL		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

HOBBSOCD
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
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Venting and/or Flaring
	<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 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 RESPECTFULLY REQUESTS APPROVAL TO FLARE 35 MCF/D AT THE REFERENCED LEASE NUMBER FROM DECEMBER 12/31/14 UNTIL 3/31/15 DUE TO A COMPRESSOR STATION SHUT IN.

A LIST OF THE WELLS CONTRIBUTING TO THIS FLARE ARE ATTACHED.

SEE ATTACHED FOR
CONDITIONS OF APPROVAL

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

**Electronic Submission #286956 verified by the BLM Well Information System
For LINN OPERATING INCORPORATED, sent to the Hobbs
Committed to AFMSS for processing by JENNIFER SANCHEZ on 04/02/2015 (15JAS0027SE)**

Name (Printed/Typed) ALEX BOLANOS	Title REG. COMPL. SPEC. 2
Signature (Electronic Submission)	Date 01/06/2015

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____	Date APR 7 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 CRAL SPAD 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.

** BLM REVISED **

MAB/OCD 4/6/2015

Accepted for Record Only

APR 07 2015

pm

CMU B BATTERY

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
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

ABD

C.M.U. 63
30-025-00663
Linn Operating Incorporated
April 02, 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.

040215 JAM