

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.
Multiple--See Attached

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

7. If Unit or CA/Agreement, Name and/or No.
8910115770

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No. 30-025-11431
Multiple--See Attached

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

9. API Well No. Humphrey Queen Unit #05
Multiple--See Attached

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

3b. Phone No. (include area code)
Ph: 281-840-4000

10. Field and Pool, or Exploratory
LANGLIE
LANGLIE MATTIX

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Multiple--See Attached
A-3 25th - 37E 330 FNL #790 FEZ **RECEIVED**

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

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 IS REQUESTING TO FLARE APPROXIMATELY 18 MCF/D FROM MAY 1, 2014 THROUGH AUGUST 31, 2014 DUE TO REGENCY GAS PLANT BEING DOWN. THE WELLS INVOLVED ARE AS FOLLOWS:

API Well Name	Well Number	Type	Lease	Status
30-025-11431 HUMPHREY QUEEN UNIT #005		Oil	Federal	Active
30-025-11432 HUMPHREY QUEEN UNIT #011		Oil	Federal	Active
30-025-23184 HUMPHREY QUEEN UNIT #012		Oil	Federal	Active
30-025-11433 HUMPHREY QUEEN UNIT #018		Oil	Federal	Active
30-025-11427 HUMPHREY QUEEN UNIT #024		Oil	Federal	Active
30-025-11434 HUMPHREY QUEEN UNIT #025		Oil	Federal	Active

SEE ATTACHED FOR
CONDITIONS OF APPROVAL

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

Electronic Submission #245017 verified by the BLM Well Information System
For LINN OPERATING INCORPORATED, sent to the Hobbs.
Committed to AFMSS for processing by LINDA JIMENEZ on 05/22/2014 (14LJ0142SE)

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

Signature (Electronic Submission) Date 05/08/2014

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____ Title _____ Date _____

Office _____

ACCEPTED FOR RECORD
MAR 31 2015
BUREAU OF LAND MANAGEMENT
CARLETON 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 ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ****

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

APR 07 2015

[Handwritten initials]

Additional data for EC transaction #245017 that would not fit on the form

5. Lease Serial No., continued

FEE
NMLC032592A

Wells/Facilities, continued

Agreement	Lease	Well/Fac Name, Number	API Number	Location
NMNM70963X	NMLC032592A	HUMPHREY QUEEN 05	30-025-11431-00-S1	Sec 3 T25S R37E NENE 330FNL 990FEL
NMNM70963X	NMLC032592A	HUMPHREY QUEEN 11	30-025-11432-00-S1	Sec 3 T25S R37E SENE 1650FNL 990FEL
NMNM70963X	NMLC032592A	HUMPHREY QUEEN 12	30-025-23184-00-S1	Sec 3 T25S R37E SENE 2470FNL 430FEL
NMNM70963X	NMLC032592A	HUMPHREY QUEEN 18	30-025-11433-00-S1	Sec 3 T25S R37E NESE 2310FSL 990FEL
NMNM70963X	FEE	HUMPHREY QUEEN 24	30-025-11427-00-S1	Sec 3 T25S R37E SWSE
NMNM70963X	NMLC032592A	HUMPHREY QUEEN 25	30-025-11434-00-S1	Sec 3 T25S R37E SESE 990FSL 990FWL

Humphrey Queen Unit 5
30-025-11431
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.

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