

HOBBS OCD
AUG. 02 2017
RECEIVED

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT **NMOCD**

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.
NMNM13280

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
SMITH RANCH 11 02

9. API Well No.
30-025-31683

10. Field and Pool or Exploratory Area
TEAS;BONE SPRING

11. County or Parish, State
LEA COUNTY 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, INC. Contact: MINDY K KOTESKY
E-Mail: MKOTESKY@LINNENERGY.COM

3a. Address
600 TRAVIS SUITE 1400
HOUSTON, TX 77002

3b. Phone No. (include area code)
Ph: 281-840-4208
Fx: 832-426-5972

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 11 T20S R33E Mer 6PM NESW 2250FSL 2014FWL
32.586589 N Lat, 103.636032 W Lon

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 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 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 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 must 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 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.

LINN SUBMITTED AN NOI TO FLARE THE SMITH RANCH BATTERY FROM 9/16/2016 TO 12/16/16.

LINN'S MONTHLY FLARE VOLUMES DURING THE REQUESTED PERIOD ARE AS FOLLOWS:

- SEPTEMBER 2016 - 70 MCF
- OCTOBER 2016 - 3 MCF
- NOVEMBER 2016 - 537 MCF
- DECEMBER 2016 - 141 MCF

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

Electronic Submission #374742 verified by the BLM Well Information System
For LINN OPERATING, INC., sent to the Hobbs
Committed to AFMSS for processing by DEBORAH MCKINNEY on 05/04/2017 ()

Name (Printed/Typed) MINDY K KOTESKY Title REGULATORY SPECIALIST

Signature (Electronic Submission) Date 05/02/2017

ACCEPTED FOR RECORD
BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

THIS SPACE FOR FEDERAL OR STATE OFFICE USE JUNE 2 2017

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.

(Instructions on page 2) **** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

Accepted for Record Only
MSB/OCD 8/8/2017

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018

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SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM108971
2. Name of Operator EOG Y RESOURCES INC		6. If Indian, Allottee or Tribe Name
3a. Address 104 S FOURTH STREET ARTESIA, NM 88210		7. If Unit or CA/Agreement, Name and/or No. NMNM128965
3b. Phone No. (include area code) Ph: 575-748-4200		8. Well Name and No. JEFE BSJ FEDERAL COM 1H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 32 T25S R32E SWSE 330FSL 1980FEL		9. API Well No. 30-025-40722
		10. Field and Pool or Exploratory Area JENNINGS-UPPER BONE SPRIN
		11. County or Parish, State LEA COUNTY, NM

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

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<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 checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
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The information below was requested as per COA to flare on previously approved applications.

Total flare amounts per month for 2016 and 2017.
Dec.18
Jan.0
Feb.0

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

**Electronic Submission #373037 verified by the BLM Well Information System
For EOG Y RESOURCES INC, sent to the Hobbs
Committed to AFMSS for processing by DEBORAH MCKINNEY on 04/18/2017 ()**

Name (Printed/Typed) MIRIAM MORALES	Title ASST PRODUCTION ACCOUNTING
Signature (Electronic Submission)	Date 04/17/2017

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____
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(Instructions on page 2)

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

Accepted for Record Only

MSB/OCD 8/8/2017

ACCEPTED FOR RECORD
JUL 6 2017
BUREAU OF LAND MANAGEMENT
CARLSBAD WELLS OFFICE