

**District I**  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720  
**District II**  
811 S. First St., Artesia, NM 88210  
Phone: (575) 748-1283 Fax: (575) 748-9720  
**District III**  
1000 Rio Brazos Road, Aztec, NM 87410  
Phone: (505) 334-6178 Fax: (505) 334-6170  
**District IV**  
1220 S. St. Francis Dr., Santa Fe, NM 87505  
Phone: (505) 476-3460 Fax: (505) 476-3462

# State of New Mexico

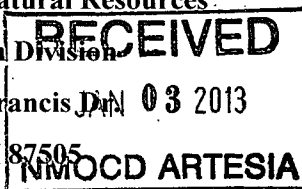
Form C-101  
Revised November 14, 2012

## Energy Minerals and Natural Resources

### Oil Conservation Division

1220 South St. Francis Dr. Santa Fe, NM 87505

Santa Fe, NM 87505



~~AMENDED REPORT~~

## APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

1. Operator Name and Address LEGEND NATURAL GAS III LIMITED PARTNERSHIP 15021 KATY FREEWAY, SUITE 200, HOUSTON, TX 77094		2. OGRID Number 258894
		3. API Number 30-015-40867
4. Property Code 305416	5. Property Name STATE GQ COM	6. Well No. 3H

### 7. Surface Location

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County
A	7	25 S	28 E		330	N	380	E	EDDY

### 8. Proposed Bottom Hole Location

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County
P	7	25 S	28 E		330	S	380	E	EDDY

### 9. Pool Information

Pool Name	Pool Code
HAY HOLLOW; BONE SPRING, NORTH	30216

### Additional Well Information

11. Work Type N	12. Well Type O	13. Cable/Rotary R	14. Lease Type S	15. Ground Level Elevation 3041
16. Multiple N	17. Proposed Depth 7900 TVD & 12300 MD	18. Formation BONE SPRING	19. Contractor	20. Spud Date UPON ARRIVAL
Depth to Ground water <133'		Distance from nearest fresh water well 4565' E OF WINDMILL		Distance to nearest surface water 1490'S OF NAMELESS DRAW

### 21. Proposed Casing and Cement Program

Type	Hole Size	Casing Size	Casing Weight/ft	Setting Depth	Sacks of Cement	Estimated TOC
SURFACE	17.5	13.375	48	400' TVD	445	GL
INTERMED.	12.25	9.625	36	2500' TVD	655	GL
PRODUCT.	8.75	5.5	17	7900 TVD & 12300 MD	2050	GL

### Casing/Cement Program: Additional Comments

SET DV TOOL @ 2700' TVD/MD; STAGE 1 = 1500 SXS & STAGE 2 = 550 SXS
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### 22. Proposed Blowout Prevention Program

Type	Working Pressure	Test Pressure	Manufacturer
	5000	3500	

23. I hereby certify that the information given above is true and complete to the best of my knowledge and belief. I further certify that I have complied with 19.15.14.9 (A) NMAC <input type="checkbox"/> and/or 19.15.14.9 (B) NMAC <input type="checkbox"/> , if applicable. Signature:		OIL CONSERVATION DIVISION Approved By:	
Printed name: JENNIFER MOSLEY Title: REGULATORY ANALYST E-mail Address: JMosley@LNG2.com Date: 01/02/2013		Title: Approved Date: 1/3/2013 Expiration Date: 1/3/2015 Conditions of Approval Attached	
Phone: 817-872-7822			

Submit 1 Copy To Appropriate District Office  
District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised August 1, 2011

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-015-40867
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator LEGEND NATURAL GAS III LIMITED PARTNERSHIP		6. State Oil & Gas Lease No.
3. Address of Operator 15021 KATY FREEWAY, SUITE 200, HOUSTON, TX 77094		7. Lease Name or Unit Agreement Name STATE 6Q COM
4. Well Location Unit Letter <u>A</u> : <u>330</u> feet from the <u>N</u> line and <u>380</u> feet from the <u>E</u> line Section <u>7</u> Township <u>25 S</u> Range <u>28 E</u> NMPM County <u>EDDY</u>		8. Well Number 3H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3041 GR		9. OGRID Number 258894
		10. Pool name or Wildcat HAY HOLLOW; BONE SPRING, NORTH

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 ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

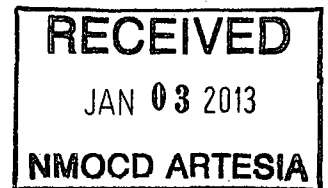
REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

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.

CHANGING DRILLED HOLE SIZE AND CEMENTING PROGRAM FORTH THE PRODUCTION STRING

Csg. From 7.785" TO 8.75"



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 Jennifer Mosley TITLE REGULATORY ANALYST DATE 01/02/2013

Type or print name JENNIFER MOSLEY E-mail address: JMosley@lng2.com PHONE: 817-872-7822

For State Use Only

APPROVED BY: J. C. Shepard TITLE Geologist DATE 1/3/2013

Conditions of Approval (if any):