1625 N. French Dr., Hobbs, NM 88240	State of 1	New Mexico	Form C-103 August 1, 2011
Phone:(575) 393-6161 Fax:(575) 393-0720 District II	Energy, Mine	rals and Natural	Permit 161914
811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720	Res	ources	WELL API NUMBER
District III	Oil Conserv	ation Division	30-015-40865
1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170	1220 8 8	t Francis Dr.	5. Indicate Type of Lease
District IV 1220 S. St Francis Dr., Santa Fe, NM 87505			P
Phone:(505) 476-3470 Fax:(505) 476-3462	Santa Fe	, NM 87505	6. State Oil & Gas Lease No.
SUNDRY NOTICE	S AND REPORTS	ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPO			HIGH BRASS
A DIFFRENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		8. Well Number	
1. Type of Well:O			002H
2. Name of Operator			9. OGRID Number
LEGEND NATURAL G	AS III LIMITED PART	NERSHIP	258894
3. Address of Operator			10. Pool name or Wildcat
15021 Katy Freeway,	Suite 200, Houston, TX	77094	10 Acrol activities (across
4. Well Location			
Unit Letter C : 330 feet fro	m the S line a	nd 2256 feet from the	W line
Section 20 Township	24S I	Range 28E NMPM	Eddy County
			1000
	11. Elevation (Show who	ether DR, KB, BT, GR, etc.)	
	30	66 GR	
Pit or Below-grade Tank Application or Clos	ure _		
Pit Type Depth to Groundwater		resh water well Distance from	
	Below-Grade Tank: Volume_	bbls; Construction N	
		e Nature of Notice, Report	
NOTICE OF INTENT			NT REPORT OF:
PERFORM REMEDIAL WORK PLU	JG AND ABANDON [REMEDIAL WORK	☐ ALTER CASING ☐
TEMPORARILY ABANDON CHA	ANGE OF PLANS	COMMENCE DRILLING OPNS	S. PLUG AND ABANDON
PULL OR ALTER CASING MU	LTIPLE COMPL	CASING/CEMENT JOB	
		The second secon	
Other:		Other: Spud	×

2/5/2013 Spudded well.

Patterson 444 spud High Brass 2H at 2:30 a.m. CST.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been will be constructed or closed according to NMOCD guidelines \square , a general permit \square or an (attached) alternative OCD-approved plan \square . SIGNATURE Electronically Signed TITLE Regulatory Analyst DATE 2/5/2013 Type or print name Michael Becci For State Use Only: APPROVED BY: Randy Dade Telephone No. 817-872-7822 E-mail address jmosley@lng2.com TITLE District Supervisor DATE 2/5/2013