

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 Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170
District IV
1220 S. St Francis Dr., Santa Fe, NM 87505
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico
Energy, Minerals and Natural
Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

Form C-103
August 1, 2011

Permit 171362

SUNDRY NOTICES AND REPORTS ON WELLS (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 NUMBER 30-015-41401
1. Type of Well: S		5. Indicate Type of Lease S
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 COLT STATE SWD
4. Well Location Unit Letter <u>4</u> : <u>1066</u> feet from the <u>N</u> line and <u>850</u> feet from the <u>W</u> line Section <u>5</u> Township <u>25S</u> Range <u>28E</u> NMPM <u>Eddy</u> County		8. Well Number 004
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3031 GR		9. OGRID Number 258894
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		10. Pool name or Wildcat

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> Other:	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> Other: Drilling/Cement <input checked="" type="checkbox"/>

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

08/01/2013-Spud Well
 08/02/2013- Run 10 3/4 40.5# J55 csg @ 498'. Baker Hughes cmnt lead 262 sxs of cement at 1.75 yield. Cmmt tail with 200 sxs of cement at 1.35 yield. Cmmt 20 bbls to surface. WOC 4 hrs.
 08/03/2013-test csg @ 1000psi for 30 min. Good 8/1/2013 Spudded well.

Casing and Cement Program

Date	String	Fluid Type	Hole Size	Csg Size	Weight lb/ft	Grade	Est TOC	Dpth Set	Sacks	Yield	Class	1" Dpth	Pres Held	Pres Drop	Open Hole
08/02/13	Surf	FreshWater	14.75	10.75	40.5	J-55	0	498	262	1.75	C	0	1000	0	N
08/02/13	Surf	FreshWater	14.75	10.75	40.5	J-55	0	498	200	1.35	C	0	1000	0	N

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 NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Electronically Signed TITLE Regulatory Analyst DATE 8/7/2013
 Type or print name Michael Becci E-mail address jmosley@lng2.com Telephone No. 817-872-7822

For State Use Only:
 APPROVED BY: Randy Dade TITLE District Supervisor DATE 8/7/2013 4:00:28 PM