

Submit within 45 days of well completion	State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 S. St Francis Dr. Santa Fe, NM 87505	Revised November 6, 2013				
		1. WELL API NO. 30-015-41834				
		2. Well Name: SOUTHERN UNION 30 G STATE #003				
		3. Well Number: 003				
HYDRAULIC FRACTURING FLUID DISCLOSURE <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment		4. Surface Hole Location: Unit:G Lot:G Section:30 Township:17S Range:28E Feet from:1655 N/S Line:N Feet from:2375 E/W Line:E				
		5. Bottom Hole Location: Unit:G Lot:G Section:30 Township:17S Range:28E Feet from:1655 N/S Line:N Feet from:2375 E/W Line:E				
		6. Latitude: longitude: 32.8077714298804 - 104.214119876792				
		7. County: Eddy				
8. Operator Name and Address: LRE OPERATING, LLC 1111 Bagby Suite 4600 Houston 77002		9. OGRID: 281994	10. Phone Number: 713-292-9517			
11. Last Fracture Date: 6/20/2014 Frac Performed by: ELITE		12. Production Type: O				
13. Pool Code(s): 96836		14. Gross Fractured Interval: 4,648 ft to 5,010 ft				
15. True Vertical Depth (TVD): 5,105 ft		16. Total Volume of Fluid Pumped: 1,089,984 gals				
17. Total Volume of Re-Use Water Pumped: 0 gals		18. Percent of Re-Use Water in Fluid Pumped: %				
19. HYDRAULIC FLUID COMPOSITION AND CONCENTRATION:						
Trade Name	Supplier	Purpose	Ingredients	(CAS #) Chemical Abstract Service #	Maximum Ingredient Concentration in Additive (% by mass)	Maximum Ingredient Concentration in HF Fluid (% by mass)
SAND	US SILICA	PROPPANT	SILICON DIOXIDE	14808-60-7	100%	0.9926%
HYDROCHLORIC ACID	CNR	ACIDIZING	HYDROCHLORIC ACID	7647-01-0	38.8%	0.07601%
4-N-1	CHEMPLEX	IRON CONTROL	ACIDIC ACID	64-19-7	80%	0.00118%
			METHANOL	67-56-1	10%	0.00015%
PLEXCIDE 24L	CHEMPLEX	BIOCIDE	TETRAHYDRO-3,DIMETHYL-2H	533-74-4	24%	0.01349%
PLEXSLICK 953	CHEMPLEX	FRICTION REDUCER	ALCOHOL ETHOXYLATE SURFACTANTS	TRADE SECRET	8%	0.0061%
			HYDROTREATED PETROLEUM DISTILLATE	64742-47-8	30%	0.02287%
			POLYACRYLAMIDE-CO-ACRYTIC ACID	9003-06-9	31%	0.02363%
20. I, as Operator, hereby certify that the information shown on this disclosure form is true and complete to the best of my knowledge and belief.						
Signature: Signed Electronically		Printed Name: Mike Pippin		Title: Consultant		
Date: 6/25/2014						
E-mail Address: mike@pippinllc.com						

NMOCD does not require the reporting of information beyond MSDS data as described in 29 CFR 1910.1200. NMOCD does not require the reporting or disclosure of proprietary, trade secret or confidential business information.