

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 July 18, 2013

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

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 NO. 30-015-41428
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input 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, Texas 77094		7. Lease Name or Unit Agreement Name State GQ
4. Well Location Unit Letter <u>B</u> : <u>200</u> feet from the <u>N</u> line and <u>1775</u> feet from the <u>E</u> line Section <u>7</u> Township <u>25S</u> Range <u>28E</u> NMPM Eddy County		8. Well Number 5H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3054 GR		9. OGRID Number 258894
10. Pool name or Wildcat HAY HOLLOW; BONE SPRING,		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

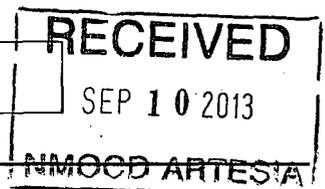
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: Completions <input checked="" type="checkbox"/>	
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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.

08/04/2103-RIG RELEASED, TD @ 12700'
 08/21/2013-PBTD@ 12672' MD, CIRCULATE HOLE CLEAN; TOC@SURFACE
 08/22-08/31/2013-PERFORATED 8260'MD-12666'MD; ACIDIZE W/54670 GAL; FRAC W/ 68697 BBLs SW W/ 33302814# 20/40 SAND.
 09/01/-09/03/2013-DRILLED OUT PLUGS
 09/04/2013-INSTALLED 15 TOTAL GAS LIFT VALVES AND TUBING; PACKER AND 2 7/8 TUBING SET @ 7741' MD
 09/05/2013- TURNED WELLS TO FLOWBACK

Spud Date: 7/23/2013

Rig Release Date: 08/04/2013



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Jennifer Mosley TITLE SR. REGULATORY ANALYST DATE 09/10/2013

Type or print name JENNIFER MOSLEY E-mail address: jmosley@hng2.com PHONE: 817-872-7822
 For State Use Only

APPROVED BY: [Signature] TITLE Dist. # Supervisor DATE 9/12/2013
 Conditions of Approval (if any):