

Submit 1 Copy To Appropriate District Office
District I - (505) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (505) 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

WELL API NO. 30-015-41428
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name STATE GQ
8. Well Number 5H
9. OGRID Number 258894
10. Pool name or Wildcat HAY HOLLOW; BONE SPRING

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.)	
1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☐	
2. Name of Operator LEGEND NATURAL GAS III, LP	
3. Address of Operator 15021 KATY FREEWAY, SUITE 200, HOUSTON, TX 77094	
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 <u>EDDY</u> County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3054 GR	

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 ☐

SUBSEQUENT REPORT OF:
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

OTHER: GAS LIFT ☒

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.

09/18/2013-BEGAN GAS LIFT

Spud Date:

07/23/2013

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 07/01/2013

Type or print name JENNIFER MOSLEY E-mail address: jmosley@lng2.com PHONE: 817-872-7822
For State Use Only

APPROVED BY: RDade TITLE Dr. J. H. Sepers DATE 10/8/13
Conditions of Approval (if any):