

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

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

Form C-103
Revised August 1, 2011

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, LP		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 STATE GQ
4. Well Location Unit Letter <u>B</u> : <u>200</u> feet from the <u>N</u> line and <u>1805</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		8. Well Number <u>4H</u>
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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: GAS LIFT <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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

09/18/2013-BEGAN GAS LIFT

Spud Date:

06/30/2013

Rig Release Date:

07/21/2013

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

SIGNATURE

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:

TITLE

Dir. of Energy

DATE

10/8/2013

Conditions of Approval (if any):