

**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 171778

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 30-015-41428
1. Type of Well: O		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 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 <u>Eddy</u> County		8. Well Number 005H
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3054 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**

<b>NOTICE OF INTENTION TO:</b> 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: _____	<b>SUBSEQUENT REPORT OF:</b> 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: <u>Drilling/Cement</u> <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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

08/11/2013- TD @ 12700'  
 08/13/2013- Run 5 1/2" 5 1/2 P-110, 17# casing from 7100' to 12700'.  
 Baker Hughes cmnt, mix and pump 20 bbls of mud clean, 20 bbls of fresh water gel, 10 bbls of fresh water, (mix and pump lead 50/50/10 H cmt) 913 sks (11#) 551 bbls, (mix and pump tail 50/50/2 H cmt) @ 3.39 yld; 1906 sks (14.4#) @ 1.26 yld. As Cement came to surface we lost full return's at 130 bbls into displacement, never regained returns, filled backside w/8bbls water until stabilized. Rig Release 08/14/2013/23/2013 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
07/24/13	Surf	FreshWater	17.5	13.375	48	J-55	0	379	400	1.755	C	0	500	0	Y
07/24/13	Surf	FreshWater	17.5	13.375	48	J-55	0	379	185	1.341	C	0	500	0	Y
07/29/13	Int1	CutBrine	12.25	9.625	36	J-55	0	2552	730	1.919	C	0	1450	0	N
07/29/13	Int1	CutBrine	12.25	9.625	36	J-55	0	2552	265	1.335	C	0	1450	0	N
08/13/13	Prod	CutBrine	8.75	5.5	17	P-110	0	12700	913	3.39	H	0	5000	0	N
08/13/13	Prod	CutBrine	8.75	5.5	17	P-110	0	12700	1906	1.26	H	0	5000	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 8/15/2013  
 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 8/16/2013 12:08:36 PM