

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 August 1, 2011

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

WELL API NO. 30-015-40906
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name FULL CHOKE COM
8. Well Number 2H
9. OGRID Number 258894
10. Pool name or Wildcat WILLOW LAKE; BONE SPRING
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3038'

**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

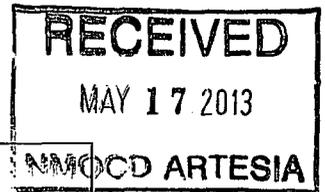
4. Well Location  
 Unit Letter M : 330 feet from the S line and 380 feet from the W line  
 Section 32 Township 24S Range 28E NMPM EDDY County

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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: COMPLETIONS <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.

03/14/2013-Rig Released @ 18:00 hours; TD@ 12721' MD  
 04/26/2013-Clean out to PBTD @ 12645' MD, Ran CBL  
 04/27/2013-MIT casing to 8500 psi for 30 minutes; cement good  
 05/08/2013-05/10/2013-Perforated from 8170-12643; Acidize w/53500 GAL, Frac w/67938 BBLS SW W/3170881# 20/40 + 51062# 100 Mesh Sand  
 05/11/2013-05/12/2013-Drilled out all plugs & Clean out to PBTD @ 12645  
 05/12/2013-05/13/2013-TIH, Set packer at 7620' MD  
 05/13/2013-Turned Well to Flowback Company ME Read



Spud Date: 02/25/2013

Rig Release Date: 03/14/2013

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 05/17/2013  
 Type or print name Jennifer Mosley E-mail address: jmosley@lng2.com PHONE: 817-872-7822

For State Use Only  
 APPROVED BY: JD Wade TITLE Dist. Reg. Supervisor DATE 5/28/2013  
 Conditions of Approval (if any):