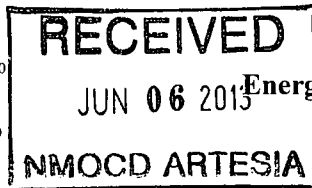


District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720

District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170

District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462



State of New Mexico

Form C-101
Revised November 14, 2012

Energy Minerals and Natural Resources

Oil Conservation Division

1220 South St. Francis Dr.

Santa Fe, NM 87505

~~AMENDED REPORT~~

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

¹ Operator Name and Address LEGEND NATURAL GAS III, LP 15021 KATY FREEWAY, SUITE 200 HOUSTON, TX 77094		² OGRID Number 258894
		³ API Number 30-015-41401
⁴ Property Code 39919	⁵ Property Name COLT STATE SWD	⁶ Well No. 4

7. Surface Location

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County
D	5	25S	28E		1066	NORTH	850	WEST	EDDY

8. Proposed Bottom Hole Location

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County

9. Pool Information

Pool Name SWD; DELAWARE	Pool Code 96100
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Additional Well Information

¹¹ Work Type N	¹² Well Type INJ (SWD)	¹³ Cable/Rotary R	¹⁴ Lease Type S	¹⁵ Ground Level Elevation 3031 GR
¹⁶ Multiple N	¹⁷ Proposed Depth 6000'TVD	¹⁸ Formation DELAWARE	¹⁹ Contractor	²⁰ Spud Date UPON APPROVAL
Depth to Ground water <133'		Distance from nearest fresh water well 2500' NW OF WATER WELL		Distance to nearest surface water 2500' SOUTH OF CHINA DRAW

21. Proposed Casing and Cement Program

Type	Hole Size	Casing Size	Casing Weight/ft	Setting Depth	Sacks of Cement	Estimated TOC
SURFACE	14 1/2	10 3/4	J-55 45.5#	500	480	SURFACE
PROD.	9 7/8	7	N-80 23#	6000	3000	SURFACE

Casing/Cement Program: Additional Comments

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22. Proposed Blowout Prevention Program

Type	Working Pressure	Test Pressure	Manufacturer
	5000	3500	

²³ I hereby certify that the information given above is true and complete to the best of my knowledge and belief. I further certify that I have complied with 19.15.14.9 (A) NMAC <input type="checkbox"/> and/or 19.15.14.9 (B) NMAC <input type="checkbox"/> if applicable. Signature:		OIL CONSERVATION DIVISION Approved By:	
Printed name: JENNIFER MOSLEY		Title: Dist # Supervisor	
Title: SR. REGULATORY ANALYST		Approved Date: 6/7/2013	Expiration Date:
E-mail Address: jmosley@lng2.com			
Date:	Phone: 817-872-7822	Conditions of Approval Attached	