Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District 1</u> (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
District II - (575) 748-1283	OIL CONSERVATION DIVISION	30-015-41428
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV - (505) 476-3460	Santa Fe, NM 87505	STATE X FEE
1220 S. St. Francis Dr., Santa Fe, NM 87505	,	o. State on te das Lease Ivo.
SUNDRY NOT	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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.)		STATE GQ
1. Type of Well: Oil Well Gas Well X Other SWD INJECTION		8. Well Number 5H
2. Name of Operator LEGEND NATURAL GAS III, LP		9. OGRID Number 258894
3. Address of Operator		10. Pool name or Wildcat HAY
15021 KATY FREEWAY, SUITE 200; HOUSTON, TX 77094		HOLLOW; BONE SPRING; NORTH
4. Well Location		
Unit Letter B : 200 feet from the NORTH line and 1775 feet from the EAST line Section 7 Township 25S Range 28E NMPM EDDY County		
Section 7 Township 25S Range 28E NMPM EDDY County 11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
	3054'	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON		
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM		
OTHER:	OTHER:	
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.		
· .		
CHANGE HOLE SIZE FOR PRODUCTION STRING FROM 7.785" TO 8 3/4".		
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Spud Date:	Rig Release Date:	
I hereby certify that the juformation above is true and complete to the best of my knowledge and belief.		
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
SIGNATURE TITLE SR. REGULATORY ANALYST DATE 07/23/2013		
Type or print nameJENNIFER MOSLEY E-mail address:jmosley@lng2.com PHONE:817-872-7822_		
For State Use Only		
APPROVED BY:(COL TITLE U.STAL CIPL	UCM DATE Auly 23, 2013