Submit 1 Copy To Appropriate District Office	rict 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 1220 South St. Francis Dr.		30-015-41428
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178			5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505		STATE X FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			s. Build off the Gus Eduse (No.
SUNDRY NOTICES 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.)		I [STATE GQ
1. Type of Well: Oil Well	Type of Well: Oil Well Gas Well X Other SWD INJECTION		8. Well Number 5H
2. Name of Operator LEGEND NATURAL GAS III, LI	_р		9. OGRID Number 258894
3. Address of Operator 15021 KATY FREEWAY, SUITE 200; HOUSTON, TX 77094			10. Pool name or Wildcat HAY HOLLOW; BONE SPRING; NORTH
4. Well Location			
Unit Letter <u>B</u> : 200 feet from the NORTH line and 1775 feet from the EAST line			
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:			
	1		
PULL OR ALTER CASING		NG/CEMENT J	JOB L
CLOSED-LOOP SYSTEM			
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:		
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
Thereby certify that the anticipation above is the and complete to the best of my knowledge and benes.			
SIGNATURE			
Type or print name JENNIFER MOSLEX E-mail address: _ jmosley@lng2.com _ PHONE: 817-872-7822_			
For State Use Only			
APPROVED BY: LICHAR	W48 TITLE COMPLIANCE	S OFFICE	R DATE 7/23/13
Conditions of Approval (if any):			

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