Office	of New Mexico	Form C-103 Revised August 1, 2011
<u>District 1</u> – (575) 393-6161 Energy, Miner		
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	DUATION DIVIDIONI	WELL API NO. 30-015-40865
811 S. First St., Artesia, NM 88210 OIL CONSE	RVATION DIVISION	
1000 Die Deutos Dd. Autos, NAA 97410	uth St. Francis Dr. Fe, NM 87505	5. Indicate Type of Lease STATE FEE X
1220 S. St. Francis Dr., Santa Fe, NM 87505		6. State Oil & Gas Lease No.
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.)		7. Lease Name or Unit Agreement Name
		HIGH BRASS 8. Well Number 2H
1. Type of Well: Oil Well X Gas Well Other		o. Well Rumber 211
2. Name of Operator LEGEND NATURAL GAS III, LP		9. OGRID Number 258894
3. Address of Operator		10. Pool name or Wildcat
15021 KATY FREEWAY, SUITE 200, HOUSTON, TX 77094		WILLOW LAKE; BONE SPRING
4. Well Location Unit Letter C : 330 feet from the S _ line and 2256 feet from the W line		
Section 20, Township 24S Range 28E NMPM EDDY County		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
3039 GR		
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 □ CHANGE PLANS □ COMMENCE DRILLING OPNS.□ P AND A □		
PULL OR ALTER CASING MULTIPLE COMPL	☐ CASING/CEMEN	T JOB
DOWNHOLE COMMINGLE		
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.		
10/09/2013 – Change out Gas Lift Valves	:	
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		NMOCD ARTESIA
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Spud Date: 02/05/2013 R	ig Release Date: 02/22/2013	
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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 made the information above is true and complete to the best of my knowledge and benefit.		
SIGNATURE AND THE OF PROVIDENCE PARTY OF STATE O		
SIGNATURE		
Type or print nameJENNIFER MOSLEY E-mail address:jmosley@lng2.com PHONE:817-872-7822		
For State Use Only		
APPROVED BY:	ITLE UST A Spewa	DATE 10/9/2013