

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.
30-015-41428

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
STATE GQ

8. Well Number 5H

9. OGRID Number
258894

10. Pool name or Wildcat
HAY HOLLOW; BONE SPRING

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 B : 200 feet from the N line and 1775 feet from the E line

Section 7 Township 25S Range 28E NMPM EDDY County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3054 GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

OTHER: ☐

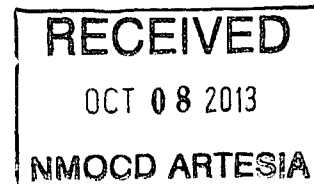
SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: GAS LIFT X

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.

09/18/2013-BEGAN GAS LIFT



Spud Date:

07/23/2013

Rig Release Date:

08/04/2013

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

TITLE SR. REGULATORY ANALYST DATE 07/01/2013

Type or print name JENNIFER MOSLEY E-mail address: jmosley@lng2.com PHONE: 817-872-7822

For State Use Only

APPROVED BY:

TITLE

Dr. J. B. Spawill

DATE

10/9/13

Conditions of Approval (if any):