Submit 1 Copy To Appropriate District State of New Mexico Form C-103 Revised August 1, 2011 Energy, Minerals and Natural Resources District I – (575) 393-6161 WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283 30-015-41093 OIL CONSERVATION DIVISION 811 S. First St., Artesia, NM 88210 District III - (505) 334-6178 1220 South St. Francis Dr. 5. Indicate Type of Lease 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 STATE X FEE  $\square$ District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 6. State Oil & Gas Lease No. 87505 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 **BUCKSHOT STATE COM** DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH 8. Well Number 2H PROPOSALS.) 1. Type of Well: Oil Well X Gas Well Other 2. Name of Operator 9. OGRID Number LEGEND NATURAL GAS III, LP 258894 10. Pool name or Wildcat 3. Address of Operator Willow Lake; Bone Spring, West 15021 KATY FREEWAY, SUITE 200, HOUSTON, TX 77094 4. Well Location Unit Letter P: 100 feet from the S line and 1140 feet from the Section Township 24S Range 28E **NMPM EDDY** 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3051 GR 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON □ PERFORM REMEDIAL WORK □ REMEDIAL WORK ALTERING CASING □ TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS.□ P AND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB П DOWNHOLE COMMINGLE OTHER: OTHER: Amend Bottom Hole and Prod. Hole size 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. 10/24/2013- Amended Bottom Hole location and production hole size from 7.785 to 8.75 N/A N/A Spud Date: Rig Release Date: 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 10/24/2013 Type of print name JENNIFER MOSLEY E-mail address: \_\_\_\_jmosley@lng2.com\_\_\_\_ PHONE: \_\_\_817-872-7822 For State Use Only DOWISO DATE 10/29/2013 APPROVED BY: ( Conditions of Approval (if any):