Submit 1 Copy To Appropriate District Form C-103 State of New Mexico Office Revised August 1, 2011 Energy, Minerals and Natural Resources District 1 - (575) 393-6161 WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283 30-015-01773 OIL CONSERVATION DIVISION 811 S. First St., Artesia, NM 88210 5. Indicate Type of Lease District III - (505) 334-6178 1220 South St. Francis Dr. STATE 🖂 FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 6. State Oil & Gas Lease No. District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM B-7071 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 FEATHERSTONE STATE DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 8. Well Number 4 1. Type of Well: Oil Well Gas Well Other 9. OGRID Number ALAMO PERMIAN RESOURCES LLC 2. Name of Operator 274841 10. Pool name or Wildcat 3. Address of Operator 415 W. WALL ST., SUITE 500 MIDLAND, TX 79701 ARTESIA; Q-G-SA 4. Well Location Unit Letter K: 1650 feet from the S line and 1650 feet from the W line Section Township 18S **NMPM** Range 28E County EDDY 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 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/CEMENT JOB DOWNHOLE COMMINGLE OTHER: □ Lease name change 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. Name change from Featherstone State 004 to Featherstone State B 004 NMOCD ARTESIA Property code 38878 eff 5-1-12 Spud Date: Rig Release Date: I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Regulatory Affairs Coordinator DATE 05/10/2012 Type or print name Tom Fulvi E-mail address: tfulvi@alamoresources.com PHONE: 432 897 0673 For State Use Only

APPROVED BY:

Conditions of Approval (if any):