Submit I Copy To Appropriate RECEIVED State of New Mexico Office Energy Minerals and Natural Resources	Form C-103 Revised August 1, 2011
Office  District 1 – (575) 393-6161  1625 N. French Dr., Hobbs, NM 882MAR 2 8 2013  District II – (575) 748-1283  District II – (575) 748-1283	WELL API NO. 30-015-41186
811 S. First St., Artesia, NM 881 MOCD ARTESIA CONSERVATION DIVISION  District III – (505) 334-6178 NM 87410  District III – (505) 374-6178 NM 87410  District III – (505) 374-6178 NM 87410	5. Indicate Type of Lease  STATE  FEE
District IV – (505) 476-3460 Santa Fe, NM 87505  1220 S. St. Francis Dr., Santa Fe, NM 87505	6. State Oil & Gas Lease No. E-828
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	7. Lease Name or Unit Agreement Name STATE N
PROPOSALS.)  1. Type of Well: Oil Well	8. Well Number 002
2. Name of Operator Alamo Permian Resources. LLC	9. OGRID Number <b>274841</b>
3. Address of Operator 415 W. Wall Street, Suite 500, Midland, TX 79701	10. Pool name or Wildcat Artesia; Queen-Grayburg-San Andres
4. Well Location	
Unit Letter N: 1060 feet from the S line and 1600 feet from the W line  Section 8 Township 18S Range 28E NMPM 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:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING   COMMENCE DRILLING OPNS   P AND A   DOWNHOLE COMMINGLE   CASING/CEMENT JOB   CASING/C	
ELEVATION	EPORT CORRECT GROUND LEVEL
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.	
GROUND LEVEL ELEVATION FOR WELL IS 3618' (INCORRECTLY REPORTED AS 3522' PREVIOUSLY)	
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.	
SIGNATURE Regulatory Affairs Coordinator DATE 03/26/2013	
Type or print name CARIE STOKER E-mail address: cstoker@helmsoil.com PHONE: 432.664.7659	
APPROVED BY DATE 3/29/13 Conditions of Approval (if any):	
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