

District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(575) 393-6161 Fax:(575) 393-0720

District II
811 S. First St., Artesia, NM 88210
Phone:(575) 748-1283 Fax:(575) 748-9720

District III
1000 Rio Brazos Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170

District IV
1220 S. St Francis Dr., Santa Fe, NM 87505
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico
Energy, Minerals and Natural
Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

Form C-103
August 1, 2011

Permit 164969

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.)		WELL API NUMBER 30-015-41017
1. Type of Well: O		5. Indicate Type of Lease S
2. Name of Operator ALAMO PERMIAN RESOURCES, LLC		6. State Oil & Gas Lease No.
3. Address of Operator 415 W. Wall Street Suite 500, Midland, TX 79701		7. Lease Name or Unit Agreement Name WILSON
4. Well Location Unit Letter <u>J</u> : <u>2310</u> feet from the <u>S</u> line and <u>1575</u> feet from the <u>E</u> line Section <u>2</u> Township <u>17S</u> Range <u>31E</u> NMPM <u>Eddy</u> County		8. Well Number 003
		9. OGRID Number 274841
		10. Pool name or Wildcat
		11. Elevation (Show whether DR, KB, BT, GR, etc.) 3999 GR
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		

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 OF PLANS
PULL OR ALTER CASING MULTIPLE COMPL
Other:

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTER CASING
COMMENCE DRILLING OPNS. PLUG AND ABANDON
CASING/CEMENT JOB
Other: **Spud**

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

4/3/2013 Spudded well.

SPUDED AT 8:30 A.M.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines , a general permit or an (attached) alternative OCD-approved plan .

SIGNATURE Electronically Signed TITLE REGULATORY AFFAIRS DATE 4/4/2013
COORDINATOR

Type or print name CARIE A STOKER E-mail address cstoker@helmsoil.com Telephone No. 432-664-7659

For State Use Only:

APPROVED BY: Randy Dade TITLE District Supervisor DATE 4/9/2013