Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103
District I	Energy, Minerals and Natural Resou	urces	WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II	OIL CONCEDIATION DIVISI	ON	30-015-02735
1301 W. Grand Ave., Artesia, NM 88210 District III	OIL CONSERVATION DIVISI 1220 South St. Francis Dr.	ON	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505		STATE FEE 6. State Oil & Gas Lease No.
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa 1 0, 1111 07303		E-134
SUNDRY NOTI	CES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
	SALS TO DRILL OR TO DEEPEN OR PLUG BACK T CATION FOR PERMIT" (FORM C-101) FOR SUCH	O A	SKELLY ST
1. Type of Well: Oil Well	Gas Well Other		8. Well Number 10
2. Name of Operator Alamo Permian Resources. LLC			9. OGRID Number 274841
3. Address of Operator			10. Pool name or Wildcat
415 W. Wall Street, Suite 500, M	idland, TX 79701		HIGH LONESOME;QUEEN
4. Well Location			
Unit Letter \underline{L} : 1980 feet from the \underline{S} line and $\underline{660}$ feet from the \underline{W} line			
Section 15	Township 16S Range		· · · · · · · · · · · · · · · · · · ·
and the second	11. Elevation (Show whether DR, RKB, RT	, GR, etc.)	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE	PLUG AND ABANDON REMED CHANGE PLANS COMME	IAL WORK	LING OPNS. P AND A
OTHER:	OTHER EXISTII	: RE-P NG PERFS	ERF, ACIDIZE & FRACTURE TREAT S
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.			
Date: 5/24/11			RECEIVED
	rval - Re-Perf'd (1912-32'); Acidized with 500 gald; & Coaster Frac'd with 53,500 gal gelled		OCT 03 2011 NMOCD ARTESIA
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE TITLE Regulatory Affairs Coordinator DATE SEPT 6, 2011			
Type or print name <u>CARIE STOKER</u> E-mail address: <u>cstoker@alamoresources.com</u> PHONE: <u>432.897.0673</u>			
For State Use Only			
APPROVED MANUAL	TITLE GOOGIST		OCT 1.3 2011 DATE
			

Conditions of Approval (if any):