Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED OMB NO. 1004-0135 Expires July 31, 2010

5. Lease Serial No.

SUNDRY NOTICES AND REPORTS ON WELLS	
o not use this form for proposals to drill or to re-enter a	n
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Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.					6. If Indian, Allottee or Tribe Name		
1. Type of Well	8. Well Name and No						
Oil Well Gas Well Oth	SAUNDERS 10						
Name of Operator ALAMO PERMIAN RESOURG	9. API Well No. 30-015-21924-00-S2						
3a Address 415 WEST WALL STREET S MIDLAND, TX 79701	(include area code 7.0673)	10. Field and Pool, or Exploratory RED LAKE				
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				11 County or Parish, and State			
Sec 13 T17S R27E NESE 198			EDDY COUNTY, NM				
12. CHECK APPI	ROPRIATE BOX(ES) TO	INDICATE	NATURE OF 1	NOTICE, RI	L EPORT, OR OTHEI	R DATA	
TYPE OF SUBMISSION	F ACTION						
□ Notice of Intent	☐ Acidize	□ Deep	oen	□ Product	ion (Start/Resume)	☐ Water Shut-Off	
_	Alter Casing		ture Treat	Reclamation		☐ Well Integrity	
Subsequent Report .	☐ Casing Repair		Construction	Recomplete		□ Other .	
☐ Final Abandonment Notice	☐ Change Plans	_	and Abandon	_	arily Abandon		
	☐ Convert to Injection	·□ Plug	g Back Water		Disposal		
determined that the site is ready for fi 9/14/2012 No well pressure. MIRU MICC GYP packed in pump. Built ne KBARS, (4) 5/8" rods, 8' 5/8" up. Pump up OK. RDMO.	O RIG #9. Unseat pump an ew pump and replaced plug PONY SUB, and Polish Ro	d laydown 5. gged gas an od. Seat pum	/8" rods. Could chor (GYP). PU ip and HWO. W	not repair pu pump, (14) ait for well to	REC	Dole 10/10/10/10/10/10/10/10/10/10/10/10/10/1	
14. Thereby certify that the foregoing is	strue and correct. Electronic Submission #1: For ALAMO PERMI	50503 verifie AN RESOUR	d by the BLM We	ell Information	n System ad		
Cor Name (Printed/Typed) CARIE ST	RT SIMMONS on 09/20/2012 (12KMS3171SE) Title REGULATORY AFFAIRS COORDINATOR						
Name (Frimed Typed) CARIE STOKER			ALGOLATORT AFFAIRS COURDINATOR				
Signature (Electronic	Submission)		Date 09/17/2				
	THIS SPACE FO	R FEDERA	L OR STATE	OFFICE U	SE		
Approved By ACCEPTED			JAMES A AMOS TitleSUPERVISOR EPS Date 10/07/20			Date 10/07/2012	
Conditions of approval, if any, are attached certify that the applicant holds legal or eq which would entitle the applicant to conditions.	Office Carlsba	d					
Title 18 U.S.C. Section 1001 and Title 43	U.S.C. Section 1212, make it a	crime for any p	erson knowingly an	d willfully to m	nake to any department or	agency of the United	