

District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-283  
 811 S. First St., Artesia, NM 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87404  
 District IV - (505) 476-5460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

**RECEIVED**  
**APR 22 2013**  
**WOOD ARTESIA**

**CONSERVATION DIVISION**  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

WELL API NO.  
30-015-41019

5. Indicate Type of Lease  
STATE  FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name  
MALOOF STATE

8. Well Number 001

9. OGRID Number  
274841

10. Pool name or Wildcat  
Red Lake: Queen-Grayburg-San Andres

**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.)

1. Type of Well: Oil Well  Gas Well  Other

2. Name of Operator ALAMO PERMIAN RESOURCES LLC

3. Address of Operator 415 W. WALL ST., SUITE 500 MIDLAND, TX 79701

4. Well Location  
 Unit Letter I: 1695 feet from the S line and 800 feet from the E line  
 Section 28 Township 17S Range 28E NMPM County EDDY

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3685 GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL. <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input checked="" type="checkbox"/> PERFORATIONS/TUBING	

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.

PERFORATIONS

DATE	TOP	BOTTOM	OPEN HOLE	SHOTS/FT	SHOT SIZE	MATERIAL	STIMULATION	AMOUNT
03/18/13	2709	3057	N	2	19	15%NEFE; CO2 Foam Frac	Acid; Frac	2,000 gal; 67,784 lbs prop
03/21/13	2361	2663	N	2	19	15% NEFE; CO2 Foam Frac	Acid; Frac	3,000 gal; 77,916 lbs prop

TUBING

TUBING SIZE	TYPE	DEPTH SET	PACKER SET
2.875	J55	2748'	

Pressure Test Data

02/14/13 Test BOP & Surface Casing to 1500 psi for 30 mins, Ok.  
 03/16/13 Pressure up on Production casing to 3000 psi for 30 mins, Ok

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Carie Stoker TITLE Regulatory Affairs Coordinator DATE 04/03/2013  
 Type or print name Carie Stoker E-mail address: cstoker@helmsoil.com PHONE: 432 664 7659

**For State Use Only**

APPROVED BY: B Wade TITLE Dist AP Supervisor DATE 4/24/2013  
 Conditions of Approval (if any):