Submit within 45 well completion	10.000	State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division			Revised February 15, 2012 1. WELL API NO.			
					30-015-01843 2. Well Name: COWTOWN UNIT #101			
	0							
1220 S. St Francis Dr. Santa Fe, NM 87505					3. Well Number: 101			
HYDRAULIC FRACTURING FLUID DISCLOSURE					4. Surface Hole Location: Unit:K Lot:K Section:13 Township:18S Range:28E Feet from:1986 N/S Line:S			
⊠ Original					Feet from:1932 E/W Line:W 5. Bottom Hole Location:			
□ Amendment					Unit:K Lot:K Section:13 Township:18S Range:28E Feet from:1986 N/S Line:S Feet from:1932 E/W Line:W 6. latitude: longitude:			
						32.746413635402	- 104.13216742724	
					7. County:			
O. Onesetes Name					9. OGRID:	,	North-	
Operator Name and Address: ALAMO PERMIAN RESOURCES, LLC 415 W. Wall Street, Suite 500 Midland 79701							432-897-0673	
11. Last Fracture Date: 11/30/2012 Frac Performed by: CUDD ENERGY SERVICES					12. Production Type: O			
13. Pool Code(s): 3230					14. Gross Fractured Interval: 2,335 ft to 2,644 ft			
15. True Vertical 3,520		ITION AND CO	ONCENTRATION:			olume of Fluid Pumpe 515 bbls	d:	
Trade Name	Supplier	Purpose	Ingredients	(CAS #) Chemical Abstract Service #		Maximum Ingredient Concentration in Additive (% by mass	Ingredient	
Water		Carrier / Base Fluid		7732-18-5		100%		
Sand		Proppant	Silicon Dioxide	14808		100%		
B-24	Weatherfork	Biocide	2,2 Dibromo-3- Nitrilopropionamide	10222	2-01-2	100%	0.00077%	
SG-15G	PfP Technology	Polymer	Guar Gum	9000-		50%	0.23782%	
			Petroleum Distillate (Mineral Oil)	W. 1811		55%	0.2616%	
			Bentonite Clay	14808		2%	0.00951%	
GB-2	Fritz Industries, Inc.	Breaker	Surfactant Ammonium Persulfate	68439-51-0 7727-54-0		2% 99.9%	0.00951% 0.0138%	
GB-150	Chemplex, L.C.	Breaker	Non-hazardous ingredients	NA		100%	0.06322%	
NE-227	CESI	Non-	Isopropanol	67-63-0 67-56-1 9016-45-9		15%	0.00838%	
		emulsifier	Methanol Ethoxylated			15% 20%		
FA-520	Chemplex,	Foaming	Nonylphenol Methanol	67-56-1		40%	0.1114%	
174320	L.C.	Agent	Fatty Alkyl Amine	Not Established		40%		
18. I, as Operator	, hereby certify that	the information	shown on this disclosure	form is t	rue and com	plete to the best of my	knowledge and belief	
Signature:	Signature: Signed Electronically Printed Name: CARIE A STOKER REGULATORY AFFAIRS Title: COORDINATOR							
Date: E-mail Address:	12/4/2012 cstoker@helms	enil com				THE. OCONDI		
			beyond MSDS data as de		- 00 OFB 4			

NMOCD does not require the reporting of information beyond MSDS data as described in 29 CFR 1910.1200. NMOCD does not require the reporting or disclosure of proprietary, trade secret or confidential business information.