

Submit 1 Copy To Appropriate District
Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

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

Form C-103

Revised August 1, 2011

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 NO. 30-015-39590
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator ALAMO PERMIAN RESOURCES LLC		6. State Oil & Gas Lease No. B-4575
3. Address of Operator 415 W. WALL ST., SUITE 500 MIDLAND, TX 79701		7. Lease Name or Unit Agreement Name DELHI B STATE
4. Well Location Unit Letter M: 835 feet from the S line and 330 feet from the W line Section 28 Township 17S Range 28E NMPM County EDDY		8. Well Number 3
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 274841
		10. Pool name or Wildcat Red Lake: Queen-Grayburg-San Andres

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 PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☒ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

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.

Pressure Test Data

Plug Down 12/11/11 @ 7:50 pm CST

WOC

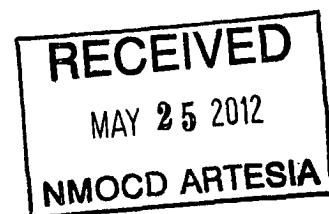
12/12/11 @ 12:45 am Test BOP & Surface Casing to 1000 psi for 30 mins, Ok.

Drill out FC & Shoe jt. Test BOP, Casing & Shoe to 650 psi for 30 mins, Ok

Plug Down 12/19/11 @ 12:59 am CST

Landed plug w/ 800 psi. Check floats, held Ok.

Pressure up on Production casing to 1,500 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 5/25/12

Type or print name Carie Stoker E-mail address: cstoker@helmsoil.com PHONE: 432 664 7659

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any): _____