Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103		
District I - (575) 393-6161	Energy, Minerals and Natural Resources		Revised August 1, 2011 WELL API NO.		
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	OIL CONCEDUATION DIVIGION		30-015-05047		
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	OIL CONSERVATION DIVISION		5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr. Santa Fe, NM 87505		STATE S FEE		
District IV - (505) 476-3460  1220 S. St. Francis Dr., Santa Fe, NM  87505		6. State Oil & Gas Lease No. E-5668			
	ICES AND REPORTS ON WELLS	C D I CV TO I	7. Lease Na	ame or Unit Agreement	Name
(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			TIDEWAT	ER K STATE	
PROPOSALS.) 1. Type of Well: Oil Well  Gas Well  Other			8. Well Number 2		
2. Name of Operator			9. OGRID Number		
Alamo Permian Resources. LLC			274841		
3. Address of Operator			10. Pool name or Wildcat GRAYBURG; SR-Q-G-SA		
415 W. Wall Street, Suite 500, Midland, TX 79701			GRAYBUR	.G; SK-Q-G-SA	
4. Well Location Unit Letter L: 1980	feet from the S line and 660	feet from the	W line		
		NMPM	Count		
Section 2 Township 17S Range 31E NMPM  11. Elevation (Show whether DR, RKB, RT, GR, etc.)				y EDD 1	
			1		
12. Check	Appropriate Box to Indicate Na	iture of Notice,	Report or C	Other Data	
NOTICE OF IN	ITENTION TO:	SUBS	SEQUENT	REPORT OF:	
PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING					
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐					
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	JOB		
DOWNHOLE COMMINGLE					
OTHER:		OTHER:	RETURN	TO PRODUCTION	
	pleted operations. (Clearly state all peork). SEE RULE 19.15.7.14 NMAC. completion.				
06/29/12					
	4" rods, (1) 2'x¾" sub, & pump. SD	FN.			
07/02/12					
RIH w/pump, (146) %" rods, (2) 34" rods, & (1) 2'x34" sub. Check pump action, good. RD.					
				RECEIVE	D
				ì	
				JUL <b>16</b> 2012	
				NMOCD ARTES	SIA
Spud Date:	Rig Release Dat	e:		<u> </u>	
I haraby cartify that the information	above is true and complete to the bes	at of my knowlodge	and haliaf		
Thereby certify that the information	above is true and complete to the bes	st of my knowledge	and belief.		
SIGNATURE / Lan fu	TITLE Regul	atory Affairs Coo	<mark>rdinator</mark> D	OATE <u>07/13/2012</u>	-
Type or print name TOM FULLY	E-mail address: tfulvi@alamo	oresources.com	PHONE: 4	432.897.0673	
APPROVED BY:	TITLE SIST	H Delics	6	DATE 7/18/12	
Conditions of Approval (if any):	THEE CONT	C. Mario	v C	- JATE // //-	