

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

Form C-103
Revised August 1, 2011

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

WELL API NO. 30-015-03013
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-742
7. Lease Name or Unit Agreement Name HUMBLE STATE
8. Well Number 1
9. OGRID Number 274841
10. Pool name or Wildcat GRAYBURG JACKSON; SR-Q-G-SA

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator Alamo Permian Resources. LLC	
3. Address of Operator 415 W. Wall Street, Suite 500, Midland, TX 79701	
4. Well Location Unit Letter F : 1980 feet from the N line and 1980 feet from the W line Section 20 Township 17S Range 29E NMPM County EDDY	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: RETURN TO PRODUCTION <input checked="" type="checkbox"/>

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.

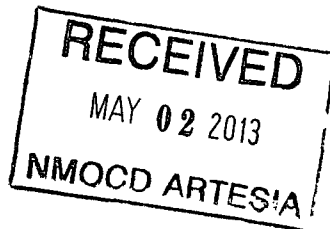
4-21-13

Replaced tailbearing, Saddle Bearing, and U bolts for saddlebearing.

4-23-13

24 Hr. Well Test

1 bbl oil
0.5 bbls water
N/A mcf gas



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

SIGNATURE Carrie Stoker TITLE Regulatory Affairs Coordinator DATE 04/30/2013

Type or print name CARIE STOKER E-mail address: cstoker@helmsol.com PHONE: 432.897.0673

APPROVED BY: [Signature] TITLE [Signature] DATE 5/10/2013

Conditions of Approval (if any):