

Submit 1 Copy To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
October 13, 2009

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

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. 30-015-39721
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-3627
3. Address of Operator 415 W. Wall Street, Suite 500, Midland, TX 79701		7. Lease Name or Unit Agreement Name STATE BK
4. Well Location Unit Letter M : 990 feet from the S line and 330 feet from the W line Section 19 Township 17S Range 31E NMPM County EDDY		8. Well Number 8
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3607		9. OGRID Number 274841
		10. Pool name or Wildcat Grayburg Jackson; SR-Q-G-SA

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:

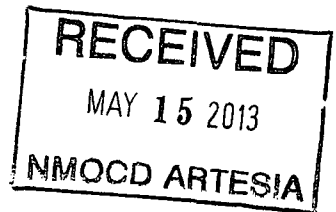
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: Update to Authorization to Transport-Add Gas
Transporter
☒

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.

May 9, 2013

Well is now producing gas which will be transported by DCP Midstream, L.P. Transporter OGRID 036785



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 05/09/2013

Type or print name CARIE STOKER E-mail address: cstoker@helmsol.com PHONE: 432-664-7659

For State Use Only

APPROVED BY: [Signature] TITLE Dr. P. Spewson DATE 5/16/2013
Conditions of Approval (if any):