Submit I Copy To Appropriate District Office	State of New Mexico		Form C-10.
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		Revised August 1, 201 WELL API NO.
<u>District II</u> – (575) 748-1283	OIL CONSERVATION DIVISION		30-015-02739
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.		5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		a ·	B-2885
SUNDRY NOT (DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPL	TICES AND REPORTS ON WELLS OSALS TO DRILL OR TO DEEPEN OR PL ICATION FOR PERMIT" (FORM C-101) FO	UG BACK TO A	7. Lease Name or Unit Agreement Name ATKINS STATE
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Injection Well		8. Well Number 001	
2. Name of Operator		9. OGRID Number	
Alamo Permian Resources. LLC 3. Address of Operator			274841 10. Pool name or Wildcat
415 W. Wall Street, Suite 500, Midland, TX 79701		HIGH LONESOME; QUEEN	
4. Well Location			, (, ,
Unit Letter M: 330	feet from the S line and 330	feet from the V	V line
Section 16	Township 16S Rang		NMPM County EDDY
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
12. Check A	appropriate Box to Indicate Na	ture of Notice, R	eport or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR			
TEMPORARILY ABANDON ☐ PULL OR ALTER CASING ☐	CHANGE PLANS MULTIPLE COMPL	COMMENCE DRI	
DOWNHOLE COMMINGLE		o, ton to, o Entient	
OTHER: LEASE NAME CHA	NGE	OTHER:	
			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.			
proposed completion of recompletion.			
Name change from Atkins State 001 to High Lonesome Queen Unit 001. Property code: 308442			
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			NM OIL CONSERVATION
			ARIEST, -
			DCT 3 0 2014
			RECEIVED
I hereby certify that the information a	bove is true and complete to the bes	t of my knowledge a	and belief.
SIGNATURE CONIC	TITLE Regul	atory Affairs Coord	<u>dinator</u> DATE_10/27/2014
Type or print name CARIE STO	KER E-mail address: carie@st		PHONE: <u>432.664.7659</u>
APPROVED BY: Conditions of Approval (if any):	acce TITLE DIST	Depeniso) DATE 10/30/14