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Submit 1 Copy To Appropriate District Office	Energy, Minerals and Natural Resources		Form	
District I – (575) 393-6161			Revised August	1, 201
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283			WELL API NO. 30-015-02744	
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease	
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE ⊠ FEE □	
<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			E-134	
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement 1	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		SKELLY STATE		
PROPOSALS.)			8. Well Number 003	
1. Type of Well: Oil Well Gas Well Other Injection Well				
2. Name of Operator Alamo Permian Resources. LLC			9. OGRID Number 274841	
3. Address of Operator			10. Pool name or Wildcat	A441-4
415 W. Wall Street, Suite 500, Midland, TX 79701			HIGH LONESOME; QUEEN	
4. Well Location				
Unit Letter F: 1980	feet from the N line and 198	feet from the	W line	
Section 16	Township 16S Rang		NMPM County EDDY	
	11. Elevation (Show whether DR	, RKB, RT, GR, etc.)		
12. Check A	ppropriate Box to Indicate Na	iture of Notice, R	Leport or Other Data	
NOTICE OF IN	ITENTION TO:	l cun	CECUENT DEDODE OF	
NOTICE OF INTENTION TO: SUB			SEQUENT REPORT OF: $ \leftarrow \qquad \Box \qquad \text{altering casil} $	NG 🗆
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR			_	
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	「JOB [®] □	
DOWNHOLE COMMINGLE		,		
OTHER: 🛛 LEASE NAME CHAI	NGE	OTHER:		
	rk). SEE RULE 19.15.7.14 NMAC.		give pertinent dates, including estimat pletions: Attach wellbore diagram of	
		_		
Name change from Skelly State 003	to High Lonesome Queen Unit 004.	Current property co	de: 308481	
			SIRA OU CONT	
			NM OIL CONSERVAT	ON
			OCT 3 0 2014	
			RECEIVED	
I hereby certify that the information a	bove is true and complete to the bes	st of my knowledge	and belief.	
SIGNATURE (anil)	TITLE Regul	atory Affairs Coor	dinator DATE_10/27/2014	
Type or print name CARIE STO	KER E-mail address: carie@st	okeroilfield.com	PHONE: 432.664.7659	
APPROVED BY: Out (if any)	TITLE 1975	Dypewis	DATE 10/39/14	
Conditions of Approval (if any):		•	٠ (