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

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

Form C-103
Revised August 1, 2011

WELL API NO. 30-015-01524	
5. Indicate Type of Lease STATE ☒ FEE ☐	
6. State Oil & Gas Lease No. B-6251	
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.)	7. Lease Name or Unit Agreement Name WENTZ STATE
1. Type of Well: Oil Well ☒ Gas Well ☐ Other Injection Well ☐	8. Well Number 002
2. Name of Operator **Alamo Permian Resources, LLC**	9. OGRID Number **274841**
3. Address of Operator **415 W. Wall Street, Suite 500, Midland, TX 79701**	10. Pool name or Wildcat YATES-SR
4. Well Location Unit Letter P : 330 feet from the S line and 990 feet from the E line Section 24 Township 17S Range 28E 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 ☐	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: ☒ PERFORM MIT TO RENEW TA STATUS		OTHER: RTP ☐	

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.

APR REQUESTS PERMISSION TO PERFORM A MIT IN ORDER TO RENEW THIS WELL'S TA STATUS WHICH EXPIRED JUNE 1, 2015.

notify Richard Inge and schedule an Mit

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 06/08/2015

Type or print name **CARIE STOKER** E-mail address: **carie@stokeroilfield.com** PHONE: **432.664.7659**

APPROVED BY: [illegible] TITLE Dist II Supervisor DATE 6/9/15

Conditions of Approval (if any):