Submit 1 Copy To Appropriate District Office	State of New Mexico			Form C-103	
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources		WELL ADINO	October 13, 2009 WELL API NO.	
1625 N French Dr , Hobbs, NM 88240 <u>District II</u> - (575) 748-1283	OIL CONSERVATION DIVISION		ì	30-015-21487	
811 S First St, Artesia, NM 88210 <u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.		5. Indicate Type		
1000 Rio Brazos Rd, Aztec, NM 87410	Santa Fe, NM 87505			STATE FEE 6. State Oil & Gas Lease No.	
1220 S St Francis Dr , Santa Fe, NM 87505				B-11083	
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)			ARTESIA	7. Lease Name or Unit Agreement Name ARTESIA STATE UNIT TR 7	
1. Type of Well: Oil Well Gas Well Other WATER INJECTION			8. Well Numbe	1	
2. Name of Operator ALAMO PERMIAN RESOURCES, LLC			9. OGRID Num	274841	
3. Address of Operator 415 W. Wall Street, Suite 500 Midland, TX 79701				10. Pool name or Wildcat Artesia; QN-GB-SA	
4. Well Location					
	feet from theNorth	line and2580	feet from th	ieEast line	
Section 23	Township 18S Range		NMPM Eddy	County	
	11. Elevation (Show whether 34	DR, RKB, RT, GR, et 480' GR	tc.)		
12. Check	Appropriate Box to Indicat	e Nature of Notice	e, Report or Othe	er Data	
NOTICE OF I	NTENTION TO:	l su	BSEQUENT RI	EPORT 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	-	CASING/CEME	NT JOB		
DOWNHOLE COMMINGLE					
OTHER: WELL NUMBER CHAN		OTHER:	·		
13. Describe proposed or com	pleted operations. (Clearly state vork) SEE RULE 19 15 7 14 NM	all pertinent details, a	and give pertinent da	ntes, 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.					
			43-		
Alamo Permian Resources, LLC, request a change from well number 1 to well number 701.					
			\[\bigcirc	RECEIVED	
Change well sign to reflect new number JUN 10 2011					
			N	MOCD ARTESIA	
			<u></u>		
Smud Date: 03/06/19	075		03/10/1975		
Spud Date: 03/00/13	Rig Release	Date:	03/10/17/3		
					
I hereby certify that the information	above is true and complete to the	ne best of my knowled	dge and belief.		
• •		·			
SIGNATURE JOAN	TITLE RE	GULATORY AFFAIRS	COORDINATOR	DATE06/08/2011	
Type or print name _JOANNE KI	EATING E-mail address	s : jkeating@alamor	esources.com	PHONE: (432)897-0673	
For State Use Only	-			· /	
APPROVED BY TO MALO	Way TITLE	Field Superv	isor D	ATEJUN 16 7011	
Conditions of Approval (if any):	111111	X		111111111111111111111111111111111111111	
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