

Submit 1 Copy To Appropriate District 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

RECEIVED
 MAY 22 2013
 NM OGD ARTESIA

State of New Mexico
 Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
 220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised August 1, 2011

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. 30-015-41018
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-11594
3. Address of Operator 415 W. WALL ST., SUITE 500 MIDLAND, TX 79701		7. Lease Name or Unit Agreement Name COWTOWN UNIT
4. Well Location Unit Letter : <u>M</u> <u>760</u> feet from the <u>S</u> line and <u>810</u> feet from the <u>W</u> line Section: <u>13</u> Township <u>18 S</u> Range <u>28E</u> NMPM County <u>EDDY</u>		8. Well Number 202
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3543 GR		9. OGRID Number 274841
		10. Pool name or Wildcat ARTESIA: Queen-Grayburg-San Andres

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input checked="" type="checkbox"/> PERFORATIONS/TUBING	

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.

PERFORATIONS

DATE	TOP	BOTTOM	OPEN HOLE	SHOTS/FT	SHOT SIZE	MATERIAL	STIMULATION	AMOUNT
4/19/13	2733	2967	N	2	19	15% NEFE;60Q CO2 FOAM FRAC	ACID; FRAC	2,300 GAL; 79,613 PROP.
4/24/13	2291	2602	N	2	19	15% NEFE; 60Q CO2 FOAM FRAC	ACID; FRAC	2,516 GAL; 85,414 PROP.

TUBING

TUBING SIZE	TYPE	DEPTH SET	PACKER SET
2.875	J55	2649	

Pressure Test Data

03/13/13 Test BOP & Surface Casing to 750 psi for 30 mins, Ok.
 03/18/13 Pressure up on Production casing to 800 psi for 30 mins, Ok

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 05/21/2013

Type or print name Carie Stoker E-mail address: cstoker@helmsoil.com PHONE: 432 664 7659

For State Use Only

APPROVED BY: [Signature] TITLE Dist # Supervisor DATE 5/24/2013
 Conditions of Approval (if any):