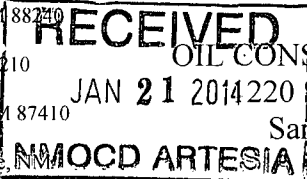


State of New Mexico
Energy, Minerals and Natural ResourcesForm C-103
Revised August 1, 2011

WELL API NO. 30-015-01771
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-1285
7. Lease Name or Unit Agreement Name FEATHERSTONE STATE E
8. Well Number 3
9. OGRID Number 274841
10. Pool name or Wildcat ARTESIA; Q-G-SA

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.)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other

2. Name of Operator ALAMO PERMIAN RESOURCES LLC

3. Address of Operator 415 W. WALL ST., SUITE 500 MIDLAND, TX 79701

4. Well Location

Unit Letter E: 1650 feet from the N line and 1650 feet from the W line

Section 2 Township 18S 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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
 TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
 PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
 DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
 COMMENCE DRILLING OPNS. ☐ P AND A ☐
 CASING/CEMENT JOB ☐

OTHER: ☐OTHER: ☒ RETURN TO PRODUCTION

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.

1/9/14

PULLED OUT BENT LINER & POLISH ROD; REPLACED LINER; POLISH ROD, & STUFFING BOX; LEFT WELL PUMPING

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 01/13/14Type or print name: Carie Stoker E-mail address: carie@stokeroilfield.com PHONE: 432 664 7659

For State Use Only

APPROVED BY: [Signature] TITLE Dis. Tech. Supervisor DATE Jan 21, 2014

Conditions of Approval (if any):