

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

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised August 1, 2011

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

WELL API NO. 30-015-02644
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. NM 703-69
7. Lease Name or Unit Agreement Name DONNELLY KELLY STATE
8. Well Number 2
9. OGRID Number 274841
10. Pool name or Wildcat ARTESIA; QN-GB-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 O: 330 feet from the S line and 2310 feet from the E line

Section 8 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 ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

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

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.

01/21/14

Picked up wood seals, drove to well, leveled out area for pump jack; laid seals in line. Set larger pump jack on well. Restored to service

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 1/29/14

Type or print name

Carie Stoker

E-mail address: carie@stokeroilfield.com

PHONE: 432.664.7659

For State Use Only

APPROVED BY: L R Dade

TITLE Dist H Supervisor

DATE 2/6/2014

Conditions of Approval (if any):

Provide Current wb schematic

