Submit 1 Copy To Appropriate District State of New Mexico Form C-103 Office Energy, Minerals and Natural Resources Revised August 1, 2011 District I - (575) 393-6161 WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283 30-015-05038 **OIL CONSERVATION DIVISION** 811 S. First St., Artesia, NM 88210 5. Indicate Type of Lease District III - (505) 334-6178 1220 South St. Francis Dr. STATE 🛛 FEE \square 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 6. State Oil & Gas Lease No. District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM B-10920 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A **FEATHERSTONE** DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 8. Well Number 3 1. Type of Well: Oil Well Gas Well Other 9. OGRID Number ALAMO PERMIAN RESOURCES LLC 2. Name of Operator 274841 3. Address of Operator 415 W. WALL ST., SUITE 500 MIDLAND, TX 79701 10. Pool name or Wildcat GRAYBURG JACKSON; SR-O-G-SA 4. Well Location Unit Letter B: 990 feet from the N line and 2310 feet from the E line Section Township 31E **NMPM** County EDDY 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4025' GL 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 П REMEDIAL WORK ALTERING CASING □ **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS.□ P AND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB П **DOWNHOLE COMMINGLE** OTHER: □ Lease name change OTHER: 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. MAY 14 2012 Name change from Featherstone 003 to Featherstone CBS 003 1 sen property code 39223 effective 5-1-12 Spud Date: Rig Release Date: I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Regulatory Affairs Coordinator DATE 05/10/2012

Type or print name Tom Fulvi E-mail address: tfulvi@alamoresources.com PHONE: 432 897 0673

DATE 5/15/2012

For State Use Only

Conditions of Approval (if any):

APPROVED BY: