

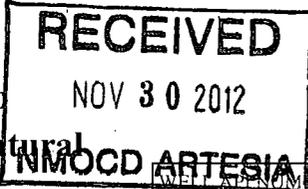
District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(575) 393-6161 Fax:(575) 393-0720

District II
811 S. First St., Artesia, NM 88210
Phone:(575) 748-1283 Fax:(575) 748-9720

District III
1000 Rio Brazos Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170

District IV
1220 S. St Francis Dr., Santa Fe, NM 87505
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505



Form C-103
August 1, 2011
Permit 145466

<p style="text-align: center;">SUNDRY NOTICES AND REPORTS ON WELLS</p> <p>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)</p> <p>1. Type of Well: O</p> <p>2. Name of Operator ALAMO PERMIAN RESOURCES, LLC</p> <p>3. Address of Operator 415 W. Wall Street Suite 500, Midland, TX 79701</p> <p>4. Well Location Unit Letter <u>M</u> : <u>990</u> feet from the <u>S</u> line and <u>330</u> feet from the <u>W</u> line Section <u>19</u> Township <u>17S</u> Range <u>31E</u> NMPM <u>Eddy</u> County</p> <p>11. Elevation (Show whether DR, KB, BT, GR, etc.) 3607 GR</p> <p>Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/></p> <p>Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____</p> <p>Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____</p>	<p>WELL NUMBER 30-015-39721</p> <p>5. Indicate Type of Lease S</p> <p>6. State Oil & Gas Lease No.</p> <p>7. Lease Name or Unit Agreement Name STATE BK</p> <p>8. Well Number 008</p> <p>9. OGRID Number 274841</p> <p>10. Pool name or Wildcat See Area 13</p>
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12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/></p> <p>Other: _____</p>	<p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>CASING/CEMENT JOB <input type="checkbox"/></p> <p>Other: Perforations/Tubing <input checked="" type="checkbox"/></p>
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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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Perfed lower pay 3737-4047 w/ 48 holes. Acidized lower zone w/ 3,000 gals of 15% NEFE. Fracked perfs 3737'-4047' w/ 47,250 gals fluid and 61,191# sand. Perfed from 3597' to 3651' w/ 56 holes. Acidized w/ 1500 bbls of 15% NEFE. CIBP set at 3580'. Perfed from 3294' to 3425' w/ 22 holes. Acidized w/ 2,500 gals of 15% NEFE. Perfed from 3154-3210 w/ 20 holes. Acidize with 2,300 gals 15% NEFE. Fracked perfs 3154-3424 w/ 60 quality foam carrying 24,323# sand; Perfed from 2824-2997 w/ total of 34 holes. Acidized w/ 1,092 gals 15% NEFE; Fracked perfs 2824-2997 w/ 60 quality foam carrying 96,993# sand.

Perforations

Pool: GRAYBURG JACKSON;SR-Q-G-SA , 28509 Location: M -19-17S-31E 990 S 330 W

	TOP	BOT	Open Hole	Shots/ft	Shot Size	Material	Stimulation	Amount
6/14/12	3737	4047	N	2	19		Acid	3000
6/14/12	3737	4047	N	2	19		Frac	
8/21/12	3597	3651	N	2	19		Acid	1500
8/27/12	3294	3425	N	2	19		Acid	2500
10/14/12	3154	3210	N	2	19		Acid	2300
11/1/12	3154	3424	N	2	19	Foam	Frac	24323
11/1/12	2824	2997	N	2	19		Acid	1092
11/1/12	2824	2997	N	2	19	Foam	Frac	96993

Tubing

GRAYBURG JACKSON;SR-Q-G-SA , 28509

Tubing Size	Type	Depth Set	Packer Set
2.875	J 55	4050	4050

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines a general permit or an (attached) alternative OCD-approved plan

SIGNATURE Carie Stoker TITLE Reg Affairs Coord DATE 11/26/12
 Type or print name Carie Stoker E-mail address astok@helmsa.com Telephone No. 432-664-7659

For State Use Only:

APPROVED BY: [Signature] TITLE Dist. Supervisor DATE 12/5/2012

Tubing Comments

OGRID: [274841] ALAMO PERMIAN RESOURCES, LLC

Permit Number: 145466

Permit Type: Tubing

Created By	Comment	Comment Date
CSTOKER	ALAMO PERMIAN RESOURCES REQUESTS THE 90 DAY CONFIDENTIALITY	3/12/2012
CSTOKER	PRESSURE TEST DATA SURFACE CASING: 1/24/12 @ 6:00 pm test casing to 550 psi for 30 mins, Ok PRODUCTION CASING: 2/1/12 @ 7:00 pm test casing to 700 psi for 30 min, Ok	11/28/2012