

Submit 1 Copy To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
October 13, 2009

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

WELL API NO. 30-015-02746
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. E-134
7. Lease Name or Unit Agreement Name SKELLY ST
8. Well Number 6
9. OGRID Number 274841
10. Pool name or Wildcat HIGH LONESOME QUEEN

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 Street, Suite 500, Midland, TX 79701

4. Well Location

Unit Letter G : 1980 feet from the N line and 1980 feet from the E line

Section 16

Township 16S

Range 29E

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: Reclamation

☒

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.

1/29/2013

Cleaned and tilled location. Seeded location w/25 lbs. BLM seed. Fenced in location w/4 strands.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Thomas Fulvi

TITLE Regulatory Affairs Coordinator

DATE 02/12/2013

Type or print name THOMAS FULVI

E-mail address: tfulvi@alamoresources.com PHONE: 432.897.0673

For State Use Only

APPROVED BY: L. Wade

TITLE Dist # Supervisor

DATE 2/27/13

Conditions of Approval (if any):