

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
RECEIVED
 MAY 10 2013
 OIL CONSERVATION DIVISION
 NMOC D ARTESIA
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised August 1, 2011

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.)		WELL API NO. 30-015-39639
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator ALAMO PERMIAN RESOURCES LLC		6. State Oil & Gas Lease No. OG 1644
3. Address of Operator 415 W. WALL ST., SUITE 500 MIDLAND, TX 79701		7. Lease Name or Unit Agreement Name WEST ARTESIA GRAYBURG UNIT
4. Well Location Unit Letter C: 330 feet from the N line and 1440 feet from the W line Section 8 Township 18S Range 28E NMPM County EDDY		8. Well Number 028
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3633 GR		9. OGRID Number 274841
		10. Pool name or Wildcat ARTESIA: Queen-Grayburg-San Andres

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input checked="" type="checkbox"/> PERFORATIONS/TUBING	

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.

PERFORATIONS

DATE	TOP	BOTTOM	OPEN HOLE	SHOTS/FT	SHOT SIZE	MATERIAL	STIMULATION	AMOUNT
4/12/13	1961	2249	N	2	19	15% NEFE; 60 Quality Foam	ACID; FRAC	3,990 gals; 98,705 total prop.

TUBING

TUBING SIZE	TYPE	DEPTH SET	PACKER SET
2.875	J55	1900	

Pressure Test Data

03/05/13 Test BOP & Surface Casing to 750 psi for 30 mins, Ok.
 03/16/13 Pressure up on Production Casing to 3,000 psi for 30 mins, Ok

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 05/08/2013

Type or print name Carie Stoker E-mail address: cstoker@helmsol.com PHONE: 432 664 7659

For State Use Only

APPROVED BY: RDade TITLE Dr. P. Supervisor DATE 5/15/2013 Conditions of Approval (if any):