Submit I Copy To Appropriate District Office	State of New Mexico		Form C-102	
<u>District I</u> ~ (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		Revised August 1, 201 WELL API NO.	
<u>District II</u> = (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-015-10328	
District III - (505) 334-6178	1220 South St. Francis Dr.		5. Indicate Type STATE	of Lease FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV - (505) 476-3460.	Santa Fe, NM 87505		6. State Oil & Ga	
1220 S. St. Francis Dr., Santa Fe, NM 87505			OG-703	
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.)			7. Lease Name or Unit Agreement Name WEST ARTESIA GRAYBURG UNIT	
1. Type of Well: Oil Well Gas Well Other Injection Well			8. Well Number 006	
2. Name of Operator			9. OGRID Number	
Alamo Permian Resources. LLC 3. Address of Operator			274841 10. Pool name or Wildcat	
415 W. Wall Street, Suite 500, M	00, Midland, TX 79701		Artesia; Queen-Grayburg-San Andres	
4. Well Location			1	
Unit Letter G: 2310	feet from the N line and 19	980 feet from the	E line	
Section 8	Township 18S Range		NMPM	County EDDY
	11. Elevation (Show whether DR	, RKB, RT, GR, etc.,)	
12 Check A	ppropriate Box to Indicate Na	utura of Notica R	Papart or Other I	Data
		iture of Notice, i	ceport of Other I	Jata · · · · · · · · · · · · · · · · · · ·
	IOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK TEMPORARILY ABANDON	PLUG AND ABANDON REMEDIAL WORK CHANGE PLANS COMMENCE DRILLING OPNS.			ALTERING CASING P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN		P AND A
DOWNHOLE COMMINGLE				
OTHER: RECONNECT & BEGIN	INJECTION	OTHER:		
13. Describe proposed or compl	eted operations. (Clearly state all park). SEE RULE 19.15.7.14 NMAC ompletion.			
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APR plans to reconnect the West Art maximum surface tubing pressure of				of produced water up to a
				ISERVATION
				DISTRICT
			NOV 1	4 2014
			RECE	EIVED
Thereby certify that the information a	above is true and complete to the be	st of my knowledge	and belief.	
	· ·			
SIGNATURE CAME	Slower TITLE Regul	atory Affairs Coor	dinator DATE_	11/17/2014
Type or print name CARIE STO	KER E-mail address: carie@s	tokeroilfield.com	PHONE: 432.6	664.7659
APPROVED BY: Puthlo Conditions of Approval (if any):	Mas TITLE Comp	LIANCE OFF	DA1	TE 12/2/14