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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator ARMSTRONG ENERGY CORPORATION	Well API No. 30-025-28583
Address P.O. Box 1973, Roswell, New Mexico 88201	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name
and address of previous operator

81.54 ac.

II. DESCRIPTION OF WELL AND LEASE

N1/2 NE1/4

Lease Name West Pearl St.	Well No. 1	Pool Name, including Formation Lea/Bone Springs	Kind of Lease State, Federal or Fee	Lease No. LG2750
Location				
Unit Letter A	: 660	Feet From The North	Line and 550	Feet From The East
Section 2	Township 20S	Range 34E	NMPM,	Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, TX 77251-1183					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) 583 Frank Phillips Bldg, Bartlesville, OK 77004					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 2	Twp. 20	Rge. 34	Is gas actually connected? Yes	When? 1985

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover X	Deepen	Plug Back X	Same Res'v	Diff Res'v X
Date Spudded 1984	Date Compl. Ready to Prod.		Total Depth 14840'		P.B.T.D. 10880'			
Elevations (DF, RKB, RT, GR, etc.) 3692	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 9526'		Tubing Depth 9500'			
Perforations 9528' to 9548'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank 09-16-92	Date of Test 09-17 thru 09-18-92	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs.	Tubing Pressure 20#	Casing Pressure 20#	Choke Size 2"
Actual Prod. During Test 94 Bbl.	Oil - Bbls. 91	Water - Bbls. 3 BLW	Gas - MCF 65

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation
Division have been complied with and that the information given above
is true and complete to the best of my knowledge and belief.

Signature
Thomas K. Scroggin
Production Supervisor
Printed Name
09-18-92
Date
623-8726
Telephone No.

OIL CONSERVATION DIVISION

SEP 22 '92

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

RECEIVED

SEP 21 1992

OLD HOBBS OFFICE