Submit 1 Copy To Appropriate District Office State of New Mexico District 1 – (575) 393-6161 1625 N Franch Dr. Hohes NM 88240 Energy, Minerals and Natural Resources	Form C-103 Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240Energy, Initiality and Natural ResourcesDistrict II - (575) 748-1283OIL CONSERVATION DIVISION	WELL API NO. 30-041-20974
	5. Indicate Type of Lease
District III - (505) 334-6178 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505	STATE FEE 🛛 🗸
1220 S. St. Francis Dr., Santa Fe, NM 87505	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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.)	Susie Q
1. Type of Well: Oil Well 🛛 Gas Well 🗌 Other	8. Well Number
2. Name of Operator	9. OGRID Number
ARMSTRONG ENERGY CORPORATION /	1092
3. Address of Operator	10. Pool name or Wildcat
P.O. Box 1973, Roswell, NM 88202-1973	Tanneyhill; Fusselman East
4. Well Location	
Unit Letter :	
Section 2 Township 6S Range 34E	NMPM Roosevelt County
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: SUB	SEQUENT REPORT OF:
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PANDA	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT	JOB 🗌
CLOSED-LOOP SYSTEM	
OTHER: OTHER:	TD and Rig Release
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.	
03-11-18 TD 8180' @ 8:30 PM.	
03-16-18 Rig release @ 6:30 am.	
03-16-18 Rig release @ 6:30 am.	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
IL A	
SIGNATURE TITLE Operations Mana	ager DATE 05/02/18
Type or print name Kyle Alpers E-mail address: kalpers@aecnr	n.com PHONE: <u>575-625-2222</u>
-N/	
APPROVED BY Dren Sharp TITLE Maff Mar DATE 5-8-18	
Conditions of Approval (if any):	
Conditions of Approval (4 any).	