District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IIV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

<sup>1</sup> API Number

30-025-35789

<sup>4</sup> Property Code

## State of New Mexico Energy, Minerals & Natural Resources Department OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505

Form C-102 Revised August 1, 2011 Submit one copy to appropriate District Office

☐ AMENDED REPORT

<sup>6</sup> Well Number

Austin, Upper Penn, Southwest

| WEILIO | CATION | ANIDA | CDEACE | DEDICAT | ION DI AT |
|--------|--------|-------|--------|---------|-----------|

Property Name

<sup>1</sup> Pool Code

97319

| 32010              | 0                                      | Chocolate Foam Wing                     |                  |   |                  |                  |   |  | 001   |  |
|--------------------|--|---|------------------|---|------------------|------------------|---|--|---|--|
| <sup>7</sup> OGRID | No.                                    |   |                  | Operator Name  Armstrong Energy Corporation |                  |                  |   |  | <sup>9</sup> Elevation  |  |
| 1092               | : [                                    |   |                  |   |                  |                  |   |  |   |  |
|                    | ······································ |   |                  |   | " Surface        | Location         |   | <del></del>  | ****  |  |
| UL or lot no.      | Section                                | Townshi                                 | p Range          | Lot Ic                                      | dn Feet from the | North/South line | Feet from the   | East/West line   | County  |  |
| L                  | 34                                     | 148                                     | 35E              |   | 1800             | SOUTH            | 760   | WEST   | LEA   |  |
|                    |  |   | " Bo             | ttom H                                      | ole Location I   | f Different Fron | n Surface   |  |   |  |
| UL or lot no.      | Section                                | Townshi                                 |                  |   | · ,              |                  | Feet from the   | East/West line   | County  |  |
| 12 Dedicated Acre  | 1) Joint o                             | r Infill                                | 14 Consolidation | Code 15                                     | Order No.        |                  |   |  |   |  |
| 40                 |  | • | Coldonarion      |   | Oraci ita        |                  |   |  |   |  |
| division.          |  |   |                  |   |                  |                  | I hereby certific to the best of owns a working the proposed location pursuant interest, or to order harctafe.  Signature | PERATOR CERT  fy that the information contain  my knowledge and belief, and in  g interest or unleased mineral  bottom hole location or has a in  uant to a contract with an own  a voluntary pooling agreement  for first by the division.  Appears | ed herein is true and complete<br>that this organization either<br>i interest in the land including<br>right to drill this well at this<br>er of such a mineral or workit |  |
|                    |  |   |                  |   |                  |                  | Printed Nam <u>kal</u> E-mail Addr  | e<br>oers@aecnm.cor  |   |  |
| 760'               | <b>,</b> 0                             |   |                  |   |                  |                  | I hereby c<br>plat was p<br>made by n   | VEYOR CERT verify that the well loc olotted from field notes ne or under my supervue and correct to the l  | ation shown on this of actual surveys islon, and that the   |  |
|                    | /880/                                  |   |                  |   |                  |                  |   | nd Seal of Professional Su   | rveyor:   |  |
|                    | I                                      | i                                       |                  | I   |                  | 1                | Certificate N   | Number   |   |  |