

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPlicate*
(Other instructions on
reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-070397

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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—" for such proposals.)

1. OIL WELL GAS WELL OTHER (TA'd injection well)

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
Armstrong Energy Corporation

8. FARM OR LEASE NAME

West Pearl Queen Unit

3. ADDRESS OF OPERATOR
P.O. Box 1973, Roswell, New Mexico 88201

9. WELL NO.

104

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

10. FIELD AND POOL, OR WILDCAT

Pearl Queen

890' FNL, 1650' FEL, S.29 T.19S R.35E

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DF, ST, OR, etc.) _____

12. COUNTY OR PARISH
Lea

13. STATE
N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PCLL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETS <input type="checkbox"/>
SHOOT OR ACIDISE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <u>Testing Casing</u> <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) _____ <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

We propose to test the casing to 500 p.s.i. so as to keep the TA status on this well. Currently, there is a C.I.B.P. above the perforated Queen interval with treated fluid in the annular space. This test will be performed and a chart made at that time for your files. We plan to perform this work in March and will be in contact with your office to see if your representative wishes to witness this test.

RECEIVED
FEB 23 2 34 PM '89
BUREAU OF LAND MGMT.
HOBBES, NM.

RECEIVED
FEB 27 8 43 AM '89
CARL AREY
HOBBES

18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Production Supervisor DATE 02-21-89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 3-20-89

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side