STRICT I O. Box 1980, Hobbs, NM 88240

State of New Mexico Efficient, Minerals and Natural Resources Departmen

Form C-104 Revised 1-1-89

DISTRICT II P.O. Deswer DD, Astonia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088
Santa Fe New Mexico 87504-2088

DISTRICT III 1000 Rio Benne Rd., Azec, NM 87410		Santa Fe, New Mickel 6/304-2000											
I.	TO TRANSPORT OIL AND NATURAL GAS												
Ppositor									l	Well API No.			
ARMSTRONG ENERGY CORP	ORATIO	N							30-	-025-285	083		
P.O. Box 1973, Roswell	1, New	Mexico	5 8	882	01								
Ressou(s) for Filing (Check proper box)						Oth	n (Piesse exp	إعنطه					
Now Well Recompletion	Oil	Change in	Trae Dry	•	er of:								
Recompletion 🔠	Casingho	ad Cas 🔲	Con		146								
If change of operator give name													
L DESCRIPTION OF WELL	AND LE	ASE							1 221 4			een No.	
Laus Name		Well No. Pool Name, lactuding 1 Lea Delawa:			Side F				f Leass Federal or Fe	aderal or Fee LG 2750			
West Pearl St.		1 1		ea	ретама	ILE N.E.	 			-			
Unit Letter A	:6	60	. Feet	From	m TheN	orth Lie	and	550	Fe	at From The	East_		
•	20)C	n		34E	r Ma	мРМ.			Lea	a	County	
Section 2 Townshi	20)5	Ran	ge	341	, 14	virm,						
III. DESIGNATION OF TRAN	SPORTI	ER OF O	IL A	ND	NATU	RAL GAS		41.4	C	anne of this	form is to be		
Nome of Authorized Transporter of Oil	hosized Transporter of Oil X or Condensate					P.O. Box				form is to be s 79604			
Pride Petroleum Name of Authorized Transporter of Casing	sheed Gas	ad Gas X			ias 🔲	Address (Give address to which approved				copy of this	form is to be t		
GPM Gas Corporation											<u>lesville</u>	e, ok 770	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twy		Rge. 34E	le gas actuali	y coasected? Yes	•	When	7 1985			
ly this production is commingled with that	A (mm say of	lher lease or		OS									
IV. COMPLETION DATA	ina es y		, ,								_,		
	<i>a</i> .	Oil Well		G	s Well	New Well	Workover	ļ	Deepea	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		X npl. Ready K		4		Total Depth	1X	ــــــــــــــــــــــــــــــــــــــ		P.B.T.D.	1		
Date Specified	3	n. 24,				,				6	078'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation					Top Oil Gas Pay					Tubing Depth		
3692' GR	Delaware					5880'				5802 1 Depth Casing Shoe			
Federations 5890' - 5910'													
2090, - 2910	TUBING, CASING AND					CEMENTING RECORD				SACKS CEMENT			
HOLE SIZE	C,	ASING & T	UBIN	IG S	IZE		DEPTH SE	T		 	SACKS CE	MENT	
	 												
										<u> </u>			
V. TEST DATA AND REQUE OIL WELL (Test must be after	ST FOR	ALLOW	ABI	LE		he soud to o	e exceed ton	allow	able for thi	is depth or be	for full 24 hi	purs.)	
OIL WELL (Test must be after a Date First New Oil Run To Tank	Date of 1	lotal volume	oj id	aa o	u ana musi	Producing M	lethod (Flow,	pum	p, gas lift,	elc.)			
01-25-93		28 to 0	1-2	29-9	93		Pump			Choke Siz			
Longh of Test	Tubing P					Casing Press	25#			2"	_		
24 Hrs. Actual Prod. During Test	25# Oil - Bbls.					Water - Bbls.				Gas- MCF			
251 bbls.	22						27 Load	L		83			
GAS WELL													
Actual Prod. Test - MCF/D	Leagth o	Test				Bbis. Conde	assie/MMCF			Gravity of	Condensate		
	Tubing Pressure (Shut-in)					Casing Pres	Casing Pressure (Shut-ia)				Choke Size		
Testing Method (pitet, back pr.)													
VL OPERATOR CERTIFIC	TATEC	F COM	PLI	AN	CE		011 00	N 1	CEDV	ATION	וטועופו	ION .	
I have entify that the tules and rest	dations of t	he Oil Conse	avali.	00		li	OIL CC	JN	2EH A	ATION TED 1	DIVISI		
Division have been complied with and is true and complete to the best of my	i that the in	formation gr	ves 8	bove		0	a Annie		1	LED (1993		
						Dat	e Appro	4 6 0	· ———				
Thos K Jung							ORIG	INA:	L SISME	97 JII	MOTATS)		
Thomas K. Scroggin Operations Supervisor										SUPMIVE			
Printed Name	Oper		Ti	tie		Title	ə						
01-29-93		623	3-8.										
Date		14	~px	, T	~-								

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 Socifed 3. U. III, and VI for changes of operator well name or number, transporter, or other such changes.