

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

WELL API NO. 30-025-28583

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
LG 2750

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" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name

West Pearl St.

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No.
1

2. Name of Operator
ARMSTRONG ENERGY CORPORATION

9. Pool name or Wildcat
Lea/Bone Springs

3. Address of Operator
P.O. Box 1973, Roswell, New Mexico 88201

4. Well Location
Unit Letter A : 660 Feet From The North Line and 550 Feet From The East Line

Section 2 Township 20S Range -34E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: _____ <input type="checkbox"/>	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Set CIBP at 10,880' with 35' cement on top. Perforated the Lea/Bone Springs with 1 SPF from 9528' - 9548'. Acidized with 2750 gallons 15% NEFE. Fraced with 35,000 gal. crosslinked gel with 62,500# super HS 20/40 sand.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE Thomas K. Scroggin TITLE Production Supervisor DATE 09-12-92
TYPE OR PRINT NAME Thomas K. Scroggin TELEPHONE NO. 623-8726

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
APPROVED BY _____ TITLE _____ DATE _____
SEP 22 1992
30 L. S. ...