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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator ARMSTRONG ENERGY CORPORATION	Well API No. 30-025-31928
Address P.O. Box 1973, Roswell, New Mexico 88202-1973	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mobil Lea State	Well No. 2	Pool Name, including Formation Lea Delaware, N.E.	Kind of Lease State, Federal or Fee	Lease No. LG-2750
Location Unit Letter <u>L</u> : <u>1800</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u> Line Section <u>2</u> Township <u>20S</u> Range <u>34E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Petro Source Partners, Ltd.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1356, Dumas, Texas 79029					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) 583 Frank Phillips Bldg., Bartlesville, OK 77004					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 2	Twp. 20	Rge. 34	Is gas actually connected? Yes	When ?

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 03-19-93	Date Compl. Ready to Prod. 04-16-93	Total Depth 6256'	P.B.T.D. 6208'					
Elevations (DF, RKB, RT, GR, etc.) 3669.2	Name of Producing Formation Delaware	Top Oil/Gas Pay 5868'	Tubing Depth 5800'					
Perforations 5890' - 5930'			Depth Casing Shoes 6256'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
22"	16" 54#		40'		3 Cubic Yards			
14 3/4"	9 5/8" 36#		1702'		1200 Sx - Circ.			
8 3/4" - 7 7/8"	5 1/2" 15.5#		6256'		1st Stg. 380 Sx DV Tool			
					2nd Stg. 1600 Sx Circ. \$171			

V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank 04-16-93	Date of Test 04-24-93	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hrs.	Tubing Pressure 30#	Casing Pressure 60#	Choke Size 1 1/2"
Actual Prod. During Test 225	Oil - Bbls. 211	Water - Bbls. 14 Load Water	Gas- MCF 84

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Thomas K. Scroggin
Signature
Thomas K. Scroggin Operations Supervisor
Printed Name
04-26-93
Date
623-8726
Telephone No.

OIL CONSERVATION DIVISION
APR 28 1993

Date Approved _____

By Paul Kautz
Orig. Signed by
Geologist

Title _____

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.