

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

WELL API NO.

30-025-31928

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.)

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

ARMSTRONG ENERGY CORPORATION

3. Address of Operator

P.O. Box 1973, Roswell, New Mexico 88202-1973

8. Well No.

2

9. Pool name or Wildcat

Lea Delaware, Northeast

4. Well Location

Unit Letter L : 1800 Feet From The South Line and 990 Feet From The West Line

Section 2 Township 20 Range 34 NMPM Lea County

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

3669.2 GR

11.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☒

OTHER: ☐

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.

04-03-93 Well TD at depth of 6256'.

04-05-93 Ran 6256' of 5½" 15.50# new API J55 casing. DV tool located at 5171'.
1st stage - 380 sx class "H" cement - circulated 80 sx return to pit.
2nd stage - 1400 sx Halliburton "Lite" followed by 200 sx Class "H" -
circulated 30 sx to pit. Tested DV tool at 2500#. Held O.K. Release
pressure. Floats held O.K. Job complete 7:00 a.m. Set slips on 5½"
casing. Remove B.O.P. Release rig 10:30 a.m.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Thomas K. Scroggin TITLE Operations Supervisor DATE 04-06-93

TYPE OR PRINT NAME Thomas K. Scroggin TELEPHONE NO. 623-8726

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE _____

COPIES OF APPROVAL STAMP

APR 08 1993

100-247-1-1

RECEIVED
APR 6 1993
OCD HOBBS OFFICE