to Appropriate

## State of New Mexico

Submit 3 Copies Form C-103 Energy, Minerals and Natural Resources Department Revised 1-1-89 District Office **DISTRICT 1** OIL CONSERVATION DIVISION WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-025-32310 Santa Fe, New Mexico 87504-2088 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE [X] FEE 📙 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Mobil Lea St. 1. Type of Well: WELL X 2. Name of Operator 8. Well No. ARMSTRONG ENERGY CORPORATION 3. Address of Operator 9. Pool name or Wildcat P.O. Box 1973, Roswell, New Mexico 88202-1973 Lea Delaware, Northeast 4. Well Location 1770 South Unit Letter N: 1155 Feet From The Line and Feet From The Line thip 20 Range 34

10. Elevation (Show whether DF, RKB, RT, GR, etc.) Lea Township Section 3667.9 GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING PLUG AND ABANDON REMEDIAL WORK PERFORM REMEDIAL WORK COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT TEMPORARILY ABANDON **CHANGE PLANS** CASING TEST AND CEMENT JOB X **PULL OR ALTER CASING** OTHER: 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. 12-21-93 Well TD at depth of 6285'. Ran 6285' of  $5\frac{1}{2}$  15.50# new API J55 casing. DV tool located at 5166'. 12-23-93 1st stage - 360 sx class "H" cement - circulated 90 sx return to pit. 2nd stage - 1550 sx Halliburton "Lite" followed by 200 sx Class "H" circulated 103 sx to pit. Tested DV tool at 2500#. Held O.K. Release pressure. Floats held O.K. Job complete 2:45 p.m. Set slips on  $5\frac{1}{2}$ " casing. Remove B.O.P. Release rig at 8:00 a.m. 12-24-93.

(This space for State Use)	ALIER DU IPROV CPUNCAL	0
TYPE OR PRINT NAME		TELEPHONE NO.
SIGNATURE This/ Ving	- Operations Supervisor	DATE
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		

DISTRICT I SUPERVISOR

JAN U 4 1994

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY -