Submit 1 Copy To Appropriate District Office State of New Mexico <u>District I - (575) 393-6161</u> Energy, Minerals and Natural Resources	Form C-103 Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283	WELL API NO.
811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION	30-041-20961 / 5. Indicate Type of Lease
District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 1000 Rio Brazos Rd., Aztec, NM 87410	STATE FEE
District IV - (505) 476-3460 Santa Fe, NM 87505	6. State Oil & Gas Lease No.
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 SUST OF	7. Lease Name or Unit Agreement Name
PROPOSALS.)	Old Hippie
1. Type of Well: Oil Well Gas Well C Other	
2. Name of Operator ARMSTRONG ENERGY CORPORATION	9. OGRID Number 1092
3. Address of Operator P.O. Box 1973, Roswell, NM 88022-1973	10. Pool name or Wildcat
4. Well Location	Wildcat: Fusselman
Unit Letter <u>K</u> : <u>2035</u> feet from the <u>South</u> line and <u>2122</u>	feet from the West line
Section 32 Township 6S Range 34E	NMPM Roosevelt County
11. Elevation (Show whether DR, RKB, RT, GR, e	tc.)
12. Check Appropriate Box to Indicate Nature of Notice,	Report or Other Data
NOTICE OF INTENTION TO: SUBS	SEQUENT REPORT OF:
TEMPORARILY ABANDON CHANGE PLANS	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT	JOB 🗌
OTHER: OTHER: Tota	l Depth & Rig Release 🛛 🛛 🖂
 Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. 	
TD 8700' @ 9:15 am on 7-24-2014.	3
Rig released @ 12:00 am, 7-27-2014	
Spud Date: Rig Release Date:	
Spud Date: Rig Release Date:	
	e and belief.
Spud Date: Rig Release Date: Rig Release Date:	e and belief.
I hereby certify that the information above is true and complete to the best of my knowledge	
I hereby certify that the information above is true and complete to the best of my knowledge SIGNATURE	
I hereby certify that the information above is true and complete to the best of my knowledg SIGNATURE D TITLE Vice President – Operation Type or print name Bruce A. Stubbs E-mail address: bastubbs@armstronget For State Use Only T	s/Engineering DATE <u>07/29/14</u> hergycorp.com PHONE: <u>575-625-2222</u>
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