

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
June 19, 2008

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-041-20938
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Dora Dean "24"
8. Well Number 1
9. OGRID Number 1092
10. Pool name or Wildcat

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, NM 88202-1973

4. Well Location

Unit Letter B : 990 feet from the North line and 1700 feet from the East line
Section 24 Township 5S Range 33E NMPM Roosevelt County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

12. 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 ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: MIT Test ☒

13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1-24-16 MIT Test, 549 psi for 40 minutes. OK

CHART ATTACHED

Spud Date:

Rig Release Date:

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

GB

SIGNATURE [Signature] TITLE Field Engineer DATE 01/28/16

Type or print name Kyle Alpers E-mail address: kalpers@aecnm.com PHONE: (575) 625-2222

For State Use Only

APPROVED BY: Bill Samanaka TITLE Staff Manager DATE 2/3/16

Conditions of Approval (if any):

FEB 04 2016

ck

MIDNIGHT

10

11

8

9

6 PM

5

3

2

NOON

11

10

9

Beginning Pressure

560*

Energy Conversion

540*

Ending Pressure

560*

B8
2/3/16

Campanelli
D.M. 5-Hwy
Wells bore

Date: 1-24-16
Test Workers Test

AP# 30-041-30938
Unit B- Sec 24-T5S-R33 E

990 FNL & 1700 PFL
Test 40 min.

TRM Trucking company

Recorder Calibration: 11-17-15

1000 PSI Recorder

60 minute Timer

CHART NO. MC MP-1000
METER _____
CHART PUT ON _____
LOCATION _____
REMARKS _____
TAKEN OFF _____

