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

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**

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

Operator <b>ARMSTRONG ENERGY CORPORATION</b>		Well API No. 30-025-31696
Address P.O. Box 1973, Roswell, New Mexico 88201		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		Other (Please explain) <input type="checkbox"/> <b>CASINGHEAD GAS MUST NOT BE FLARED AFTER 12-27-92 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.</b>
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of operator give name and address of previous operator \_\_\_\_\_  
**THIS WELL HAS BEEN PLACED IN THE POOL  
DESIGNATED BELOW. IF YOU DO NOT CONCUR**

Lease Name <b>Mobil Lea State</b>		Well No. 1	Pool Name, including Formation <b>Lea Delaware, NE</b>	Kind of Lease State, Federal or Fee	Lease No. LG-2750
Location Unit Letter <b>K</b> : <b>1800</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>West</b> Line Section <b>2</b> Township <b>20S</b> Range <b>34E</b> , <b>NMPM</b> , <b>Lea</b> 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"/> <b>Petro Source Partners, Ltd.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1356, Dumas, Texas 79029</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit <b>K</b>	Sec. <b>2</b>	Twp. <b>20</b>	Rge. <b>34</b>	Is gas actually connected? <b>No</b>	When? <b>Waiting on Contract</b>

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded <b>09-30-92</b>	Date Compl. Ready to Prod. <b>10-27-92</b>		Total Depth <b>6289'</b>		P.B.T.D. <b>6237'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3672.8 GR</b>	Name of Producing Formation <b>Delaware</b>		Top Oil/Gas Pay <b>5890'</b>		Tubing Depth <b>5787'</b>			
Perforations <b>5890' - 5931'</b>					Depth Casing Shoe <b>6289'</b>			

**TUBING, CASING AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
22"	16" 54#	42'	3 Cubic Yds.
14 3/4"	9 5/8" 36#	1697'	1300 sx - Circ.
8 3/4" - 7 7/8"	5 1/2" 15.5#	6289'	1st Stg. 290 sx DV tool 5345' 2nd Stg. 1600 sx Circ.

**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 <b>10-27-92</b>	Date of Test <b>10-28-92</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 Hrs.</b>	Tubing Pressure <b>25#</b>	Casing Pressure <b>25#</b>	Choke Size <b>2"</b>
Actual Prod. During Test <b>329</b>	Oil - Bbls. <b>105</b>	Water - Bbls. <b>224 Load Water</b>	Gas- MCF <b>55</b>

**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.

Signature Thomas K. Scroggin  
Thomas K. Scroggin/Operations Supervisor  
Printed Name \_\_\_\_\_ Title \_\_\_\_\_  
Date 10-29-92 Telephone No. 623-8726

**OIL CONSERVATION DIVISION**

Date Approved NOV 03 '92

By \_\_\_\_\_  
**ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR**

**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.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.