

OIL CONSERVATION DIVISION	
RECEIVED BY JUL - 1 1986 O. C. D. REQUEST FOR ALLOWABLE ARTESIAN OFFICE AND CONTRIBUTION TO TRANSPORT OIL AND NATURAL GAS	
P. O. BOX 2088 SANTA FE, NEW MEXICO 87501	

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
PHS	<input checked="" type="checkbox"/>
U.S.B.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
NATURAL GAS	
OPERATOR	<input checked="" type="checkbox"/>
PERMITS OFFICE	

Operator ARMSTRONG ENERGY CORPORATION	
Address P.O. Box 1973, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Changed from Phillips Petroleum Company, June 1, 1986
Change in Ownership <input checked="" type="checkbox"/>	

If change of ownership give name and address of previous owner: PHILLIPS PETROLEUM COMPANY, 4001 Penbrook, Odessa, TX 79762

DESCRIPTION OF WELL AND LEASE				
Lease Name E Hi Lonesome Fed	Well No. 8	Pool Name, including Formation High Lonesome Queen	Kind of Lease State, Federal or Fee Federal	Lease No. LC06163
Location Unit Letter <u>P</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>11</u> Township <u>16-S</u> Range <u>29-E</u> , NMPM, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
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 <u>A</u>	Sec. <u>14</u>	Twp. <u>16S</u>	Rge. <u>29E</u>
	Is gas actually connected?			When
	No			

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Dill. Resrv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
Perforations					Depth Casing Shoe				

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Post ID-3
			7-11-86
			Chg Op

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pump, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

## 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.

Thomas K. Smay  
(Signature)  
Agent  
(Title)  
06/27/86  
(Date)

## OIL CONSERVATION DIVISION

APPROVED JUL 8 1986, 19

BY Les A. Clements  
Original Signed By

TITLE Supervisor District II

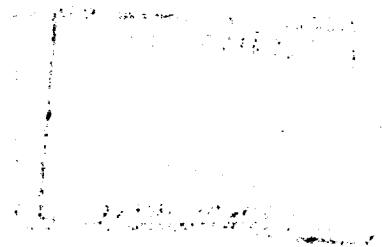
This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple

[illegible]