

OIL CONSERVATION DIVISION

RECEIVED BY

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

JUL - 1 1986

O. C. D.

REQUEST FOR ALLOWABLE AND

ARTESIAN OFFICE

PERMITS TO TRANSPORT OIL AND NATURAL GAS

NO. OF SPACES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
PHS	<input checked="" type="checkbox"/>
U.S.B.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
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  Change in Transporter oil:   
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate   
**Changed from Phillips Petroleum Company, June 1, 1986**

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: **Federal** Lease No.: **LC06163**  
 Location: Unit Letter **P**; **660** Feet From The **South** Line and **660** Feet From The **East** Line of Section **11** Township **16-S** Range **29-E**, NMPM, **Eddy** County

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
 Name of Authorized Transporter of Oil  or Condensate  Address (Give address to which approved copy of this form is to be sent)  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas  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 **A** Sec. **14** Twp. **16S** Rge. **29E** Is gas actually connected? **No** When

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 Res'v.  Diff. Res'v.   
 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
			<b>Post ID-3</b>
			<b>7-11-86</b>
			<b>Chg OP</b>

**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/MMCF \_\_\_\_\_ 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.  
 \_\_\_\_\_  
 (Signature)  
 Agent  
 \_\_\_\_\_  
 (Title)  
 06/27/86  
 \_\_\_\_\_  
 (Date)

**OIL CONSERVATION DIVISION**  
 APPROVED JUL 8 1986, 19\_\_\_\_  
 BY \_\_\_\_\_ Original Signed By  
 Les A. Clements  
 TITLE \_\_\_\_\_ Supervisor District #\_\_\_\_\_  
 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 deviated 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

