

OIL CONSERVATION DIVISION

P. O. BOX 2088

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RECEIVED BY

JUL - 1 1986

O. C. D.
ARTESIAN AUTHORIZATION

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ARMSTRONG ENERGY CORPORATION

Address
P.O. Box 1973, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	Other (Please explain) Changed from Phillips Petroleum Company, June 1, 1986
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	
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 Brewer Fed	Well No. 22	Pool Name, including Formation Undesignated Grayburg	Kind of Lease State, Federal or Fee Federal	Lease No. NM0556811
Location Unit Letter <u>J</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u>				
Line of Section <u>12</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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Armstrong Energy Corporation	P.O. Box 1973, Roswell, NM 88201
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>Yes</u> When <u>April 1, 1965</u>

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								

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/MMCF	Gravity of Condensate
Testing Method (spot, 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. Strong
(Signature)

Agent
(Title)

06/27/86
(Date)

OIL CONSERVATION DIVISION

JUL 8 1986

APPROVED _____, 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 name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiple well.