

|                        |  |
|------------------------|--|
| NO. OF COPIES RECEIVED |  |
| DISTRIBUTION           |  |
| SANTA FE               |  |
| FILE                   |  |
| U.S.D.                 |  |
| LAND OFFICE            |  |
| TRANSPORTER            |  |
| OIL                    |  |
| GAS                    |  |
| OPERATOR               |  |
| PRODUCTION OFFICE      |  |
| OPTIONAL               |  |

RECEIVED BY  
JUL - 1 1986  
O. C. D.  
ARTESIA OFFICE

OIL CONSERVATION DIVISION  
P. O. BOX 20118  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
TABULATION 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 ☐  
Recompletion ☐  
Change in Ownership ☒

Change in Transporter of:

Oil ☐ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

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, Texas 79762

DESCRIPTION OF WELL AND LEASE

|                     |          |                                |                               |           |
|---------------------|----------|--------------------------------|-------------------------------|-----------|
| Lease Name          | Well No. | Pool Name, Including Formation | Kind of Lease                 | Lease No. |
| E. Hi Lonesome Fed. | 6        | High Lonesome Queen            | State, Federal or Fee Federal | LC-061638 |

Location Unit Letter D ; 660 Feet From The North Line and 660 Feet From The West

Line of Section 13 Township 16-S Range 29-E, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |
|--|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address in which approved copy of this form is to be sent) |
| Navajo Refining Company - Pipeline Div.  | P.O. Box 159, Artesia, New Mexico 88210                                  |
| 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 | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|  | A    | 14   | 16S  | 29E  | 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 | Flow Well       | Workover | Deepen            | Plug Back | Same Rest'y. | Diff. Rest'y. |
|                                    |                             |          |                 |          |                   |           |              |               |
| Date Spudded                       | Date Compl. Ready to Prod.  |          | Total Depth     |          | P.B.T.D.          |           |              |               |
| Elevations (DT, 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 #D-3    |
|           |                      |           | 7-11-86      |
|           |                      |           | Chg LP       |

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow test 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 (pilot, 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)

President

(Title)

June 18, 1986

(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 8 1986, 19

Original Signed By  
BY Les A. Clements

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 transportation or other such change of condition.

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



1234567890  
11 12 13 14 15 16 17 18 19 20  
21 22 23 24 25 26 27 28 29 30  
31 32 33 34 35 36 37 38 39 40  
41 42 43 44 45 46 47 48 49 50  
51 52 53 54 55 56 57 58 59 60  
61 62 63 64 65 66 67 68 69 70  
71 72 73 74 75 76 77 78 79 80  
81 82 83 84 85 86 87 88 89 90  
91 92 93 94 95 96 97 98 99 100  
101 102 103 104 105 106 107 108 109 110  
111 112 113 114 115 116 117 118 119 120  
121 122 123 124 125 126 127 128 129 130  
131 132 133 134 135 136 137 138 139 140  
141 142 143 144 145 146 147 148 149 150  
151 152 153 154 155 156 157 158 159 160  
161 162 163 164 165 166 167 168 169 170  
171 172 173 174 175 176 177 178 179 180  
181 182 183 184 185 186 187 188 189 190  
191 192 193 194 195 196 197 198 199 200  
201 202 203 204 205 206 207 208 209 210  
211 212 213 214 215 216 217 218 219 220  
221 222 223 224 225 226 227 228 229 230  
231 232 233 234 235 236 237 238 239 240  
241 242 243 244 245 246 247 248 249 250  
251 252 253 254 255 256 257 258 259 260  
261 262 263 264 265 266 267 268 269 270  
271 272 273 274 275 276 277 278 279 280  
281 282 283 284 285 286 287 288 289 290  
291 292 293 294 295 296 297 298 299 300  
301 302 303 304 305 306 307 308 309 310  
311 312 313 314 315 316 317 318 319 320  
321 322 323 324 325 326 327 328 329 330  
331 332 333 334 335 336 337 338 339 340  
341 342 343 344 345 346 347 348 349 350  
351 352 353 354 355 356 357 358 359 360  
361 362 363 364 365 366 367 368 369 370  
371 372 373 374 375 376 377 378 379 380  
381 382 383 384 385 386 387 388 389 390  
391 392 393 394 395 396 397 398 399 400  
401 402 403 404 405 406 407 408 409 410  
411 412 413 414 415 416 417 418 419 420  
421 422 423 424 425 426 427 428 429 430  
431 432 433 434 435 436 437 438 439 440  
441 442 443 444 445 446 447 448 449 450  
451 452 453 454 455 456 457 458 459 460  
461 462 463 464 465 466 467 468 469 470  
471 472 473 474 475 476 477 478 479 480  
481 482 483 484 485 486 487 488 489 490  
491 492 493 494 495 496 497 498 499 500  
501 502 503 504 505 506 507 508 509 510  
511 512 513 514 515 516 517 518 519 520  
521 522 523 524 525 526 527 528 529 530  
531 532 533 534 535 536 537 538 539 540  
541 542 543 544 545 546 547 548 549 550  
551 552 553 554 555 556 557 558 559 560  
561 562 563 564 565 566 567 568 569 570  
571 572 573 574 575 576 577 578 579 580  
581 582 583 584 585 586 587 588 589 590  
591 592 593 594 595 596 597 598 599 600  
601 602 603 604 605 606 607 608 609 610  
611 612 613 614 615 616 617 618 619 620  
621 622 623 624 625 626 627 628 629 630  
631 632 633 634 635 636 637 638 639 640  
641 642 643 644 645 646 647 648 649 650  
651 652 653 654 655 656 657 658 659 660  
661 662 663 664 665 666 667 668 669 670  
671 672 673 674 675 676 677 678 679 680  
681 682 683 684 685 686 687 688 689 690  
691 692 693 694 695 696 697 698 699 700  
701 702 703 704 705 706 707 708 709 710  
711 712 713 714 715 716 717 718 719 720  
721 722 723 724 725 726 727 728 729 730  
731 732 733 734 735 736 737 738 739 740  
741 742 743 744 745 746 747 748 749 750  
751 752 753 754 755 756 757 758 759 760  
761 762 763 764 765 766 767 768 769 770  
771 772 773 774 775 776 777 778 779 780  
781 782 783 784 785 786 787 788 789 790  
791 792 793 794 795 796 797 798 799 800  
801 802 803 804 805 806 807 808 809 810  
811 812 813 814 815 816 817 818 819 820  
821 822 823 824 825 826 827 828 829 830  
831 832 833 834 835 836 837 838 839 840  
841 842 843 844 845 846 847 848 849 850  
851 852 853 854 855 856 857 858 859 860  
861 862 863 864 865 866 867 868 869 870  
871 872 873 874 875 876 877 878 879 880  
881 882 883 884 885 886 887 888 889 890  
891 892 893 894 895 896 897 898 899 900  
901 902 903 904 905 906 907 908 909 910  
911 912 913 914 915 916 917 918 919 920  
921 922 923 924 925 926 927 928 929 930  
931 932 933 934 935 936 937 938 939 940  
941 942 943 944 945 946 947 948 949 950  
951 952 953 954 955 956 957 958 959 960  
961 962 963 964 965 966 967 968 969 970  
971 972 973 974 975 976 977 978 979 980  
981 982 983 984 985 986 987 988 989 990  
991 992 993 994 995 996 997 998 999 1000  
1001 1002 1003 1004 1005 1006 1007 1008 1009 1010  
1011 1012 1013 1014 1015 1016 1017 1018 1019 1020  
1021 1022