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JUL - 1 1986
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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 ☐
Recompletion ☐
Change in Ownership ☒Change in Transporter oil:
Oil ☐
Casinghead Gas ☐Dry Gas ☐
Condensate ☐

Other (Please explain)

Changed from Phillips Petroleum
Company June 1, 1986If 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 E. Hi Lonesome Fed.	Well No. 9	Pool Name, Including Formation High Lonesome Queen	Kind of Lease State, Federal or Fee Federal	Lease No. C-061638
Location Unit Letter C : 660 Feet From The North Line and 1977 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"/> Navajo Refining Company - Pipeline Div.	Address (Give address to which approved copy of this form is to be sent) 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. A 14 16S 29E
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 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
			Post ID-3
			7-11-86
			Chg Op

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 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 (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

BY Original Signed 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 allow-
able 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 filled for each pool in multiply
completed wells.

1. *Staphylococcus aureus* (1000)
 2. *Staphylococcus aureus* (1000)
 3. *Staphylococcus aureus* (1000)
 4. *Staphylococcus aureus* (1000)
 5. *Staphylococcus aureus* (1000)
 6. *Staphylococcus aureus* (1000)
 7. *Staphylococcus aureus* (1000)
 8. *Staphylococcus aureus* (1000)
 9. *Staphylococcus aureus* (1000)
 10. *Staphylococcus aureus* (1000)