

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐		5. LEASE DESIGNATION AND SERIAL NO. LC-061638
2. NAME OF OPERATOR Armstrong Energy Corporation ✓		6. IF INDIAN, ALLOTTEE OR TRUST NAME
3. ADDRESS OF OPERATOR P.O. Box 1973, Roswell, New Mexico 88201 C.D.		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL & 660' FWL		8. FARM OR LEASE NAME E. High Lonesome Federal
14. PERMIT NO.		9. WELL NO. 16
15. ELEVATIONS (Show whether BP, BT, GR, etc.) 3703 G.L.		10. FIELD AND POOL, OR WILDCAT High Lonesome Queen
		11. SEC., T., R., N., OR S.E. AND SURVEY OR AREA Sec. 14 T-16S R-29E
		12. COUNTY OR PARISH Eddy
		13. STATE NM

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER Casing

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Placing Well into Prod.

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and given pertinent to this work.) *

This well was changed from shut-in status to producing status on 06-22-88. An allowable request of 5 BOPD has been filed with the NMOCD, Artesia office.

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE

Agent

DATE 06-22-88

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DATE

JUL 20 1988

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO