

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

45F

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> WIW	<b>RECEIVED BY</b>  <b>JUN 11 1987</b>  O. C. D. ARTESIA OFFICE
2. NAME OF OPERATOR ARMSTRONG ENERGY CORPORATION	
3. ADDRESS OF OPERATOR P.O. Box 1973, Roswell, N.M. 88201	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.) At surface  990' FSL & 660' FEL	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, QR, etc.)

5. LEASE DESIGNATION AND SERIAL NO. NM05523	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME High Lonesome Penrose Ut.	
9. WELL NO. #4	
10. FIELD AND POOL, OR WILDCAT High Lonesome Queen	
11. SEC., T., R., N., OR S.E. AND SURVEY OR AREA Sec. 15-T16s-R29e	
12. COUNTY OR PARISH Eddy	13. STATE N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) <u>Change of ownership</u>	<input type="checkbox"/>		<input type="checkbox"/>

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

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

Effective June 1, 1987, the above well's operator was changed from Aceco Petroleum Company, 2106 W. Richey, Artesia, New Mexico 88210 to ARMSTRONG ENERGY CORPORATION, P.O. Box 1973, Roswell, New Mexico 88201. All subsequent reports will now be coming to this office.

JUN 8 8 30 AM '87  
CARLSBAD RESOURCE  
AREA HEADQUARTERS

RECEIVED

I hereby certify that the foregoing is true and correct

SIGNED Susan Gray

TITLE - Agent

DATE 6-1-87

(This space for Federal or State office use)

Rajendra Giri

AREA MANAGER

CARLSBAD RESOURCE AREA

APPROVED BY

TITLE

DATE

6-9-87

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side