

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**
Artesia, NM 88210

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

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

c/sr

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

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. See also space 17 below.)
At surface
2310' FSL & 1650' FEL

14. PERMIT NO. _____

15. ELEVATIONS (Show whether DP, RT, OR, etc.) _____

RECEIVED BY
JUN 11 1987
O.C.D.
ARTESIA, OFFICE

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.
#7

10. FIELD AND POOL, OR WILDCAT
High Lonesome Queen

11. SEC., T., R., M., OR BLE. AND SURVEY OR ABBA _____

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"/>	PCLL 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"/>	

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"/>	

*NOTE: Report results of multiple completion on 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.

RECEIVED
JUN 8 8 32 AM '87
CARLSBAD RESOURCE
AREA HEADQUARTERS

18. 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)

APPROVED BY _____ TITLE _____ DATE 6-9-87

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side