

OIL CONSERVATION DIVISION	
P. O. BOX 2088 SANTA FE, NEW MEXICO 87501	
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TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
OPERATION OFFICE	<input checked="" type="checkbox"/>
Operator	
ARMSTRONG ENERGY CORPORATION	
Address P.O. Box 1973, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter oil <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>
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, TX 79762	

DESCRIPTION OF WELL AND LEASE			
Lease Name Nunlee TR1 2nd	Well No. 4	Pool Name, including Formation Square Lake G-SA	Kind of Lease State, Federal or Fee Federal
Lease No. NM12764			
Location Unit Letter <u>A</u> ; <u>990</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u>			
Line of Section <u>35</u> T. <u>46</u> N. R. <u>16</u> S. Range <u>29</u> - 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 to which approved copy of this form is to be sent) P.O. Box 159, Artesia, NM 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 A	Sec. 35	Twp. 16S
		Rge. 29E	Is gas actually connected? <input checked="" type="checkbox"/>
			When

COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well
			Workover
			Deepen
			Plug Back
			Same Resv.
			Diff. Resv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Pack ID-3
			7-11-86
			Chg Op

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL			
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/MCF	Gravity of Condensate
Testing Method (pump, 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.	
Agent (Signature) Thomas K. Swartz (Title) 06/27/86 (Date)	
OIL CONSERVATION DIVISION APPROVED <u>JUL 8 1986</u> , 19 BY <u>Les A. Clements</u> TITLE <u>Supervisor District II</u> 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 transporter, or other such change of condition. This form must be filed for each pool in multiple.	