Submit] Copy To Appropriate District OfficeBBS OCD State of New Mexico	/Form C-103		
Energy, Minerals and Natural Resources	October 13, 2009		
District II 1301 W. Grand Ave., Artesia, NM 88210 DEC 9 4 2012 1301 W. Grand Ave., Artesia, NM 88210 DEC 9 4 2012 CONSERVATION DIVISION	WELL API NO. 30-025-32105		
	5. Indicate Type of Lease		
District III 1000 Rio Brazos Rd., Aztec, NM 87410 1220 South St. Francis Dr.	STATE FEE		
District IV RECEIVED Santa Fe, NM 87505	6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM 87505	LG-2833		
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	Mobil Lea State		
PROPOSALS.)	8. Well Number		
1. Type of Well: Oil Well Gas Well 🗌 Other / Injochon	3		
2. Name of Operator	9. OGRID Number		
Armstrong Energy Corporation	001092		
3. Address of Operator	10. Pool name or Wildcat		
P.O. Box 1973, Roswell, NM 88202-1973	Lea Delaware, NE		
4. Well Location			
Unit Letter <u>M</u> : <u>990</u> feet from the <u>South</u> line and <u>8</u>	70 feet from the <u>West</u> line		
Section 2 Township 20S Range 34E	NMPM Lea County		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK D PLUG AND ABANDON REMEDIAL WOR			
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI			
PULL OR ALTER CASING Image: Multiple complement Image: Casing/cement DOWNHOLE COMMINGLE Image: Casing complement Image: Casing complement	ГЈОВ 🗌		
OTHER: OTHER:	M.I.T. Test		

 Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

11-14-2012 M.I.T. Test. Well pulled for tubing leak RIH and performed M.I.T. for a total of 35 minutes @ 480 psi. Notified Mark Whitaker with OCD.

CHART ATTACHED

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Spud Date:	Rig Release Date:	
I hereby certify that the information ab	ove is true and complete to the best of my knowledge and b	elief.
SIGNATURE	TITLEEngineer	DATE12-03-12
Type or print name Kyle Alpers	E-mail address:kalpers@armstrongenergycorp.com	_ PHONE: _(575) 625-2222
For State Use Only APPROVED BY:	TITLE DIST MAZ	DATE 2-05-2012
Conditions of Approval (if any):		DEC Q 6 2012
		7

