

Submit: 5 Copies
 Appropriate District Office
 DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240
 DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210
 DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
 Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

Form C-104
 Revised 1-1-89
 See Instructions
 at Bottom of Page

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I. Operator

Operator ARMSTRONG ENERGY CORPORATION	Well API No. 30-025-29299
Address P.O. Box 1973, Roswell, New Mexico 88201	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Government 23	Well No. 2	Pool Name, Including Formation Lea Undesignated Queen	Kind of Lease State, Federal or Fee	Lease No. NM 2639
Location Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line Section 23 Township 19S Range 34E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> KOCH OIL COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3609, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS 66 NATURAL GAS COMPANY GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2105, Hobbs, New Mexico 88240
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Effective Date G 26 19S 34E February 1, 1992

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				
Date Spudded 07-28-85	Date Compl. Ready to Prod.	Total Depth 6200'		P.B.T.D. 5127' CIBP				
Elevations (DF, RKB, RT, GR, etc.) GR 3818'	Name of Producing Formation Lea Undes. Queen	Top Oil/Gas Pay 5092'-98'		Tubing Depth 5035'				
Perforations 5092'-98' 6 Holes-Sand Fraced: 4900'-10'-Squeezed-2000 Gal Behind CIBP								
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank 10-13-89	Date of Test 10-13 thru 10-14-89	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hours	Tubing Pressure 20#	Casing Pressure 20#	Choke Size 2"
Actual Prod. During Test	Oil - Bbls. 1	Water - Bbls. 160	Gas - MCF TSTM

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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.

Thomas K. Scroggin
 Signature
Thomas K. Scroggin Prod. Supervisor
 Printed Name
12-12-89 **505-623-8726**
 Date Telephone No.

OIL CONSERVATION DIVISION
DEC 14 1989
 Date Approved _____
 By ORIGINAL SIGNED BY JERRY SEXTON
 DISTRICT I SUPERVISOR
 Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for change of operator.

21 Lea San Andres E

RECEIVED

DEC 18 1989

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HOBBBS OFFICE