



United States Department of the Interior

BUREAU OF LAND MANAGEMENT

Roswell Field Office

2909 West Second Street

Roswell, New Mexico 88201

RECEIVED
2009 DEC 7 PM 1 34

In Reply
Refer To:
NMNM0556544
3160 (NMP01300)

NOV 24 2009

Armstrong Energy Corporation
Attn: Mr. Bruce Stubbs
P.O. Box 1973
Roswell, New Mexico 88202

Dear Mr Stubbs:

In response to a request made by Armstrong Energy Corporation representatives the Bureau of Land Management (BLM) is providing information regarding the #1 Federal A well located 2310 FSL & 330 FWL Section 29, T. 15 S., R. 29 E., on federal oil and gas lease NM 0556544, Chaves County, New Mexico. The #1 Federal A was operated by C.E. LaRue and B.N. Muncy, Jr and was completed as a dry hole. The BLM approved the subsequent report of abandonment on October 23, 1980, in accordance with a verbal approval for the plugging plan dated May 22, 1975. The New Mexico Oil Conservation Division and then current operator received the May 22, 1975 plan for plugging on July 21, 1976.

BLM Petroleum Engineering Inspectors have not identified any leaks and/or any imperfections regarding the down hole plugging for the #1 Federal A. The #1 Federal A well has been plugged and abandoned in accordance to acceptable industry standards and within an established federally approved plugging plan.

If you have any questions please call John S. Simitz Geologist at (575) 627-0288 or the Division of Lands and Minerals at (575) 627-0272.

/s/ Angel Mayes

Angel Mayes
Assistant Field Manager,
Lands and Minerals

3 Attachments

30-005-60336

cc:

NMSO (LMNIM3)

NMOCD Santa Fe ✓

NM (P01300, NM-0556544 Lease File)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIP DATE*
(Other instructions on re-
verse side)Form Approved
Budget Bureau No. 42-R1424

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug ~~into~~ a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER Dry Hole		5. LEASE DESIGNATION AND SERIAL NO. N.M. 0556544	
2. NAME OF OPERATOR C.E. LaRue and B.N. Muncy, Jr.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 196, Artesia, NM 88210		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310' FSL and 330' FWL of Section 29, T 15S, R 29E		8. FARM OR LEASE NAME Federal "A"	
14. PERMIT NO.		9. WELL NO. 11	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3782GL		10. FIELD AND POOL, OR WILDCAT Wildcat Queen	
		11. SEC., T., R., ME. OR BLK. AND SURVEY OR AREA Section 29, T 15S, R 29E	
		12. COUNTY OR PARISH Chaves	
		13. STATE NM	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) <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 and 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.)*

Plugged well by pumping 35 sack cement plug at base of surface casing, 35 sack cement plug from 2100' - 2200' and 10 sack cement plug at surface, with heavy mud between all plugs. Set dry hole marker, filled pits, cleaned up location, and ripped drilling pads.

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE Operator

DATE 6/25/80

(This space for Federal or State office use)

(Orig. & d.) GEORGE H. STEWART

ACTING DISTRICT ENGINEER

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

DATE OCT 23 1980

WELL PLUGGED IN ACCORDANCE WITH P&A APPROVED MAY 22, 1975.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
3. LEASE DESIGNATION AND SERIAL NO.

IM 0556544

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR C. E. LaRue and B. N. Mancy, Jr.	8. FARM OR LEASE NAME Federal A
3. ADDRESS OF OPERATOR	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330' from West and 2310' from South lines of Section 29 T 15S R 29E	10. FIELD AND POOL, OR WILDCAT Wildcat
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 29-T 15S, R 29E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3782 GL	12. COUNTY OR PARISH Chaves
	13. STATE N. M.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <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.) *

Propose to plug well as follows:

1. Set 100' cement plug at base of surface casing.
2. Set 10 sacks cement plug at surface.
3. Heavy mud between plugs.
4. Set dry hole marker.
5. Clean up location and cover pits.
6. Rip Drilling pad and access road.

RECEIVED

JUL 21 1976

O. C. C.
ARTESIA, OFFICE

RECEIVED

JUN 22 1976

U. S. GEOLOGICAL SURVEY
ARTESIA, N. M., MEXICO

18. I hereby certify that the foregoing is true and correct

SIGNED B. N. Mancy, Jr.

TITLE Operator

DATE June 10, 1976

(This space for Federal or State office use)

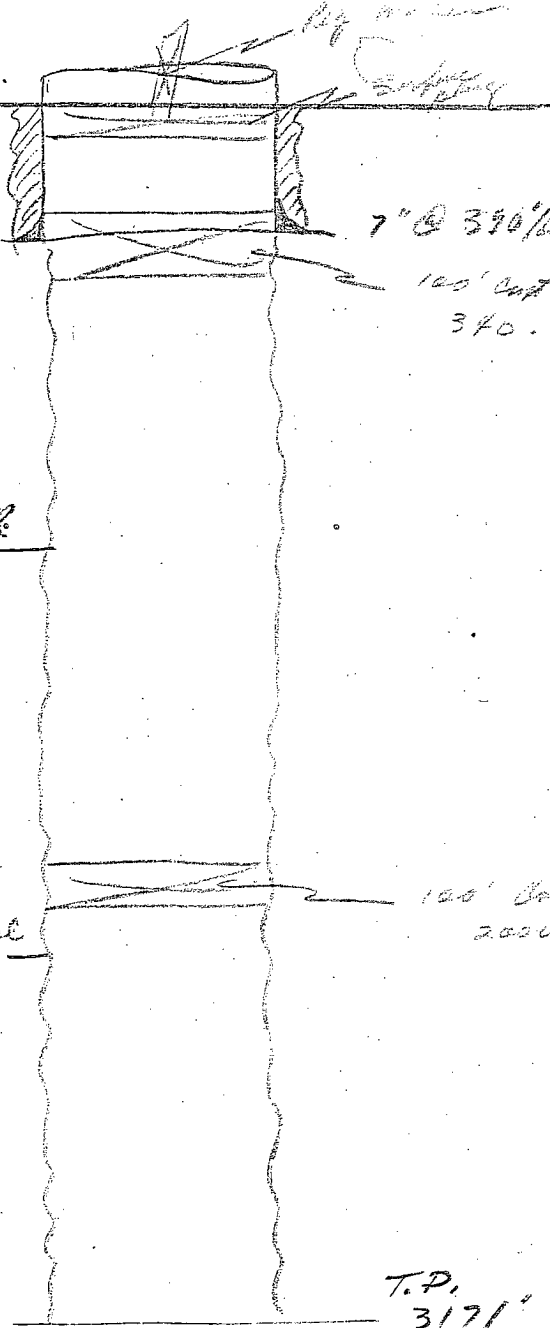
APPROVED BY [Signature]
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

JUL 1 1976



(K) 2310/S 330/W
Sec. 29 T. 15 S., R. 29 E.
Operator La Rue & Company
Well No. 1 - Fed 'A'
Lease No. NM 0556544
Who by Bert Ramsey Date 5-22-75

- T.D.
- Tools
- Hole sizes
- Pipe & fill-up
- Geologic tops
- Surface water
- Other water
- Porous & lost circ. zones
- DST
- Marker with identification
- Heavy mud in void zones
- Fill pits
- Clean location
- Oil & Gas shows

Verbal approval to
plug in 5-22-75
(RB)



W. F. GORDON
5-30-75

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

30-005-60336

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>			5. LEASE DESIGNATION AND SERIAL NO. 0556544	
b. TYPE OF WELL OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>			6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR C. E. LaRue and B. N. Muncy, Jr.			7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P. O. Box 196, Artesia, New Mexico 88210			8. FARM OR LEASE NAME Federal A	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)* At surface 330' from West line and 2310' from South line. Section 29, Township 15S, Range 29E At proposed prod. zone San Andres			9. WELL NO. 1	
14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE* North of Loco Hills, New Mexico			10. FIELD AND POOL, OR WILDCAT Round Tank 5A	
15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any) 330'			11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Section 29 T 15S R 29E	
16. NO. OF ACRES IN LEASE 280			12. COUNTY OR PARISH Sandoval	
17. NO. OF ACRES ASSIGNED TO THIS WELL 40			13. STATE New Mexico	
18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT. 3,000			20. ROTARY OR CABLE TOOLS Rotary	
21. ELEVATIONS (Show whether DF, RT, GR, etc.)			22. APPROX. DATE WORK WILL START* March 25, 1975	

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
9 7/8"	7" OD	20#	350'	Circulated
6 1/4"	4 1/2" OD	9 1/2 #	3,000	125 sacks

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MAR 10 1975

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

RECEIVED

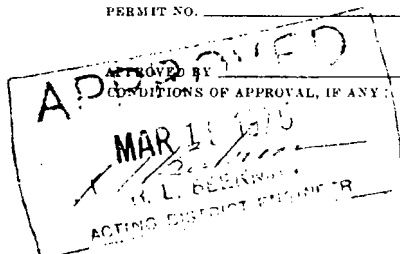
MAR 12 1975

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED [Signature] TITLE Operator DATE March 6, 1975
(This space for Federal or State office use)

PERMIT NO.



THIS APPROVAL IS VALID FOR 90 DAYS IF OPERATIONS ARE NOT COMPLETED WITHIN 90 DAYS
EXPIRES JUN 19 1975

*See Instructions On Reverse Side

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

Operator <i>CE LaRue & B.M. Muncy, Jr.</i>		Lease <i>Federal "A"</i>		Well No. <i>1</i>
Unit Letter <i>L</i>	Section <i>29</i>	Township <i>15 South</i>	Range <i>29 East</i>	County <i>Chaves</i>
Actual Footage Location of Well: <i>2310</i> feet from the <i>South</i> line and <i>330</i> feet from the <i>West</i> line				
Ground Level Elev. <i>3782</i>	Producing Formation <i>Round Tank</i>	Dedicated Acreage: <i>40</i>		Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.

CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

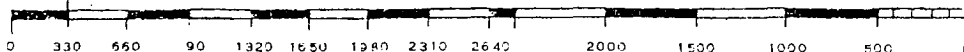
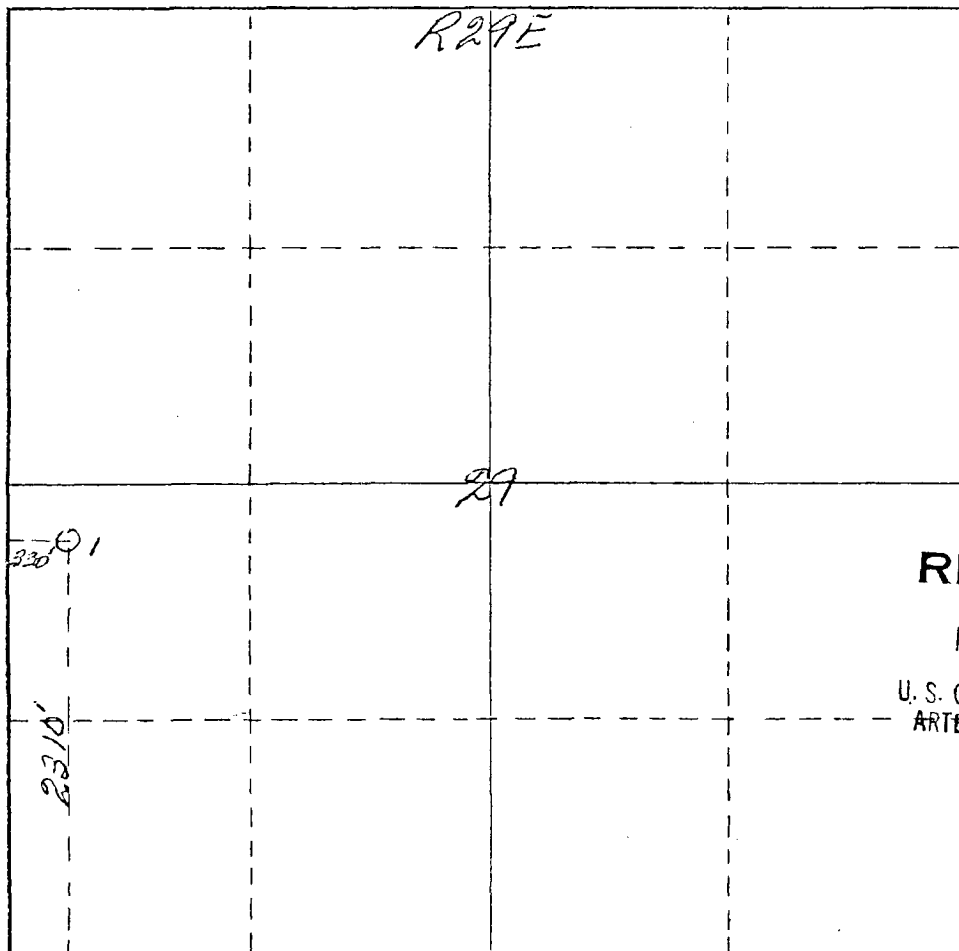
Name *B. H. Muncy, Jr.*
Position *Surveyor*
Company *LaRue & Muncy*
Date *MARCH 12, 1975*

I hereby certify that the well location is as shown on the plat and that the same is true and correct to the best of my knowledge and belief.

RECEIVED
MAR 13 1975
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO
JAMES H. BROWN

Date Surveyed *March 12th 1975*
Registered Professional Engineer
and/or Land Surveyor

James H. Brown
Certificate No. *542*



N. M. Q. S. C. COPY

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPL
(Other instructions
verse side)

CE-
re-

Copy to SF

Form approved.
Budget Bureau No. 42-R1424.

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"/> Dry		5. LEASE DESIGNATION AND SERIAL NO. NM 0556544
2. NAME OF OPERATOR C. E. LaRue and B. N. Muncy, Jr.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 196, Artesia, New Mexico 88210		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330' from West and 2310' from South lines of Section 29, T 15S, R 29E		8. FARM OR LEASE NAME Federal A
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3872 GL	9. WELL NO. 1
		10. FIELD AND POOL, OR WILDCAT Wildcat Round Turn
		11. SEC. T, R, M, OR BLK. AND SURVEY OR AREA Section 29 T 15S, R 29E
		12. COUNTY OR PARISH Chaves
		13. STATE NM

16. 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"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input checked="" 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) <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.)*

Set 375' of 7" OD 20# used casing and circulated cement with 100 sacks class C cement.

RECEIVED

NOV 08 1976

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

18. I hereby certify that the foregoing is true and correct

SIGNED [Signature]

TITLE Operator

DATE 11/4/76

(This space for Federal or State office use)

APPROVED BY [Signature]

TITLE ACTING DISTRICT ENGINEER

DATE NOV 9 1976

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

N. M. O. C. C. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
(See other instructions on reverse side)Form approved.
Budget Bureau No. 42-R355.6.

Copy to SF

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL:		OIL WELL <input type="checkbox"/>	GAS WELL <input type="checkbox"/>	DRY <input checked="" type="checkbox"/>	Other <input type="checkbox"/>						
b. TYPE OF COMPLETION:		NEW WELL <input checked="" type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP-EN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/>	DIFF. CRSR. <input type="checkbox"/>	Other <input type="checkbox"/>				
2. NAME OF OPERATOR C. E. LaRue and B. N. Muncy, Jr.						3. ADDRESS OF OPERATOR P. O. Box 196, Artesia, New Mexico 88210					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 330' from west and 2310' from south lines of Section 29, T 15S R 29E At top prod. interval reported below At total depth						14. PERMIT NO. _____ DATE ISSUED _____					
15. DATE SPUNDED 4/2/57		16. DATE T.D. REACHED 5/8/75		17. DATE COMD. (Ready to prod.) 3-30-75 P-A		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3872 GL		19. ELEV. CASINGHEAD			
20. TOTAL DEPTH, MD & TVD 3171		21. PLUG, BACK T.D., MD & TVD 3171		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY Rotary		24. PRODUCING INTERVAL(S) OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* NONE			
25. WAS DIRECTIONAL SURVEY MADE NO		26. TYPE ELECTRIC AND OTHER LOGS RUN Sidewall Neutron Gamma Ray		27. WAS WELL CORDED NO		28. CASING RECORD (Report all strings set in well)		29. LINER RECORD			
Casing Size		Weight, lb./ft.		Depth Set (MD)		Hole Size		Cementing Record		Amount Pulled	
7"		20#		375		9 5/8"		100 sacks		circulated	
30. TUBING RECORD		31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		33. PRODUCTION		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)		35. LIST OF ATTACHMENTS	
Size		Top (MD)		Bottom (MD)		Sacks Cement*		Screen (MD)		Well Status (Producing or shut-in)	
DATE FIRST PRODUCTION		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD		OIL—BBL.		GAS—MCF.	
NONE		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)		WATER—BBL.		GAS-OIL RATIO		FLOW. TUBING PRESS.		CASINO PRESSURE	
CALCULATED 24-HOUR RATE		OIL—BBL.		GAS—MCF.		WATER—BBL.		OIL GRAVITY-API (CORR.)		TEST WITNESSED BY	
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		SIGNED		TITLE		DATE		11/4/76		(See Instructions and Spaces for Additional Data on Reverse Side)	