Submit One Copy To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources		Form C-10	_
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240			Revised November 3, 201 WELL API NO.	<u>. 1</u>
<u>District II</u> 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-025-38107	
District III	1220 South St. Francis Dr.		5. Indicate Type of Lease STATE FEE X	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		STATE FEE A 6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505		o. State on & Gas Lease 140.		
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			Byers	
PROPOSALS.)			0 *** ** *	
Type of Well: Oil Well			8. Well Number ₀₀₂ 9. OGRID Number	
Armstrong Energy Corporation			1092	
3. Address of Operator			10. Pool name or Wildcat	
P. O. Box 1972, Roswell, NM 88202			Morrow; Atoka	
4. Well Location				
Unit Letter_A :_ 1280	feet from the North line and 12	feet from the <u>E</u>	ast_line	
Section 23 Township 20S Range 35E NMPM County Lea				
	11. Elevation (Show whether DR GR 3676'	P., RKB, RT, GR, etc.)		
12. Check Appropriate Box to		Report or Other Da	ata	
		_		
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR			SEQUENT REPORT OF: C ALTERING CASING	7
TEMPORARILY ABANDON			_	J
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT		
0=11=5				
OTHER:	compliance with OCD rules and t		ady for OCD inspection after P&A	
All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.				
A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the				
OPERATOR NAME I FA	SE NAME WELL NUMBER	API NUMBER OU	ARTER/OUARTER LOCATION OR	
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR				
PERMANENTLY STAMP	ED ON THE MARKER'S SUR	EFACE.		
	nearly as possible to original grou	and contour and has l	been cleared of all junk, trash, flow lines and	d
other production equipment. X Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.				
			have been remediated in compliance with	
		• •	uction equipment and junk have been remov	ed
from lease and well location.		•		
	s have been removed. Portable ba	ases have been remov	ved. (Poured onsite concrete bases do not ha	ıve
to be removed.) x All other environmental concern	s have been addressed as per OCI) rulac		
			All fluids have been removed from non-	
retrieved flow lines and pipelines.				
		ical service poles and	l lines have been removed from lease and w	ell
location, except for utility's distribution *** Land owner does not want calid		ought conditions **	**	
When all work has been completed, re				
_			-	
SIGNATURE Kyle Alpen	▲ TITLE	VP Engineering	DATE _10-15-2020	_
		11	DUONE, 555 (25 222)	
TYPE OR PRINT NAME <u>Kyle Alp</u> For State Use Only	ersE-MAIL:	_kalpers@aecnm.c	om PHONE: <u>575-625-2222</u>	-
	1 1.			
APPROVED BY:	TITLE C	Compliance Officer A	DATE_12/8/20	_
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