

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised August 1, 2011

RECEIVED
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
JAN 09 2012
HOBBSUCD

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" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-025-35962
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other WIW <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Armstrong Energy Corporation		6. State Oil & Gas Lease No. LG-2850
3. Address of Operator P.O. Box 1973, Roswell, NM 88202		7. Lease Name or Unit Agreement Name Mobil Lea State
4. Well Location Unit Letter <u>N</u> : <u>330</u> feet from the <u>South</u> line and <u>1650</u> feet from the <u>West</u> line Section <u>2</u> Township <u>20S</u> Range <u>34E</u> NMPM Lea County		8. Well Number <u>8</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3664' GR		9. OGRID Number 001092
		10. Pool name or Wildcat Northeast Lea Delaware

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

Per Underground Injection Control Program Manual
11.6 C Packer shall be set within or less than 100
feet of the uppermost injection perfs or open hole.

13. 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.

Noticed pressure on annulus, shut well in, tubing and casing on vacuum. Possible tubing leak.

Prep to rig up completion unit and pull tubing and packer.

R.I.H. and hydrotest tubing and replace bad joints.

Notify OCD for MIT test.

Condition of Approval: notify

OCD Hobbs office 24 hours

prior of running MIT Test & Chart

The Oil Conservation Division

MUST BE NOTIFIED 24 Hours

Prior to the beginning of operations

Spud Date:

Rig Release Date:

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

SIGNATURE Original Signed by BAS TITLE V.P. Operations DATE 1-9-2012

Type or print name Bruce A. Stubbs E-mail address: bastubbs@armstrongenergycorp.com PHONE: 575-625-2222

For State Use Only

APPROVED BY: [Signature] TITLE State Manager DATE 1-9-2012

Conditions of Approval (if any):

JAN 10 2012