

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

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 <input type="checkbox"/> Injection Well <input checked="" 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 <u>Lea</u> County		8. Well Number <u>8</u> 9. OGRID Number <u>001092</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3677 KB		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:

REMEDIAL WORK ☐ ALTERING CASING ☐

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, including starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

04-16-12 Noticed pressure on annulus. Prep to set up pulling unit and pull and test tubing.

The Oil Conservation Division

MUST BE NOTIFIED 24 Hours
Prior to the beginning of operations

Spud Date:

Rig Release Date:

Condition of Approval: notify

OCD Hobbs office 24 hours

prior of running MIT Test & Chart

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

SIGNATURE

TITLE

Engineer

DATE

04/16/12

Type or print name

Kyle Alpers

E-mail address:

kalpers@armstrongenergycorp.com

PHONE:

(575) 625-2222

For State Use Only

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):

APR 18 2012