Submit 1 Copy To Appropriate District Office State of New Mexico	HOBBSOCD Form C-103
District 1 – (575) 393-6161 Energy Minerals and Natural Reso	Revised July 18, 2013
District II – (575) 748-1283	ΥΕΗΙ (ABI NO)
811 S. First St., Artesia, NM 88210OIL CONSERVATION DIVISDistrict III - (505) 334-61781220 South St. Erangia Dr.	5 Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	HESTERNES FEE
District IV         - (505) 476-3460         Santa Fe, NMI 87505           1220 S. St. Francis Dr., Santa Fe, NM 87505         Santa Fe, NMI 87505	6. Štate Oil & Gas Lease No.
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 T DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	Touch of Grey State Com
PROPOSALS.)	8. Well Number
1. Type of Well: Oil Well   Gas Well   Other     2. Name of Operator	9. OGRID Number
ARMSTRONG ENERGY CORPORATION	9. OGRID Number 1092
3. Address of Operator	10. Pool name or Wildcat
P.O. Box 1973, Roswell, NM 88022-1973 4. Well Location	Wildcat: Penn
	4E NMPM Roosevelt County
11. Elevation (Show whether DR, RKB,	RT, GR, etc.)
12. Check Appropriate Box to Indicate Nature of	Notice, Report or Other Data
NOTICE OF INTENTION TO:	
PERFORM REMEDIAL WORK  PLUG AND ABANDON  REMEDIAL WORK  ALTERING CASING  TEMPORARILY ABANDON  CHANGE PLANS  COMMENCE DRILLING OPNS.  P AND A	
PULL OR ALTER CASING  MULTIPLE COMPL CASING/CEMENT JOB	
OTHER: Name Change 🛛 OTHER:	П
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.	
I Frank in Brannen in Frankriker	
Change Well Name:	OPER.OGRIDNO. LOQ2
	PROPERTY CODE 314097
Former Well Name: Touch of Grey State #1	POOL CODE 98/20
New Well Name: Touch of Grey State Com #1     POOL CODE	
Attachment: Amended C-102 $AFI ROA 3D-041-20960$	
	AFTRUA _ 20-041 - 20 300
·	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my l	chowledge and benef.
SIGNATURE // /////////////////////////////////	
Type or print name Bruce A. Stubbs E-mail address:bastubbs@armstrongenergycorp.com_ PHONE:575-625-2222	
For State Use Only	
APPROVED BY: TITLE TITLE Petroleum Engineer DATE 02/03/15	
Conditions of Approval (if any).	
	FEB 0 9 2015

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