

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 June 19, 2008

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-041-20938
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Dora Dean "24"
8. Well Number 1
9. OGRID Number 1092
10. Pool name or Wildcat

HOBBS OCD
 FEB 01 2016
 RECEIVED

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.)

1. Type of Well: Oil Well Gas Well Other

2. Name of Operator
Armstrong Energy Corporation

3. Address of Operator
P.O. Box 1973, Roswell, NM 88202-1973

4. Well Location
 Unit Letter B : 990 feet from the North line and 1700 feet from the East line
 Section 24 Township 5S Range 33E 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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: MIT Test <input checked="" type="checkbox"/>	

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1-24-16 MIT Test, 549 psi for 40 minutes. OK

CHART ATTACHED

Spud Date: Rig Release Date:

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

SIGNATURE [Signature] TITLE Field Engineer DATE 01/28/16

Type or print name Kyle Alpers E-mail address: kalpers@aecnm.com PHONE: (575) 625-2222

For State Use Only

APPROVED BY: Bill Samanaka TITLE Staff Manager DATE 2/3/16

Conditions of Approval (if any):

FEB 04 2016

ck

MIDNIGHT

10 11

9

8

6 PM

5

3

2

NOON

11

10

9

900

800

700

600

500

400

300

200

100

00

100

200

300

400

500

600

700

800

900

1000

1100

1200

1300

1400

1500

1600

1700

1800

1900

2000

Graphic Controls Inc



CHART NO. MC MP-1000

METER _____

CHART PUT ON _____

LOCATION _____

REMARKS _____

TAKEN OFF _____

Beginning Pressure

5600*

5600*

5600*

5600*

5600*

Ending Pressure 5600*

B8
2/3/16

Component of
A.M. 5-Hour
Wellbore
Pressure
Decompression
Test

Date: 1-27-16
Test Workover Test

Legal: 30-041-30938
Unit B-1 Sec 24-T55-R93 E

Test to 40 min.

TRM Trucking company

Recorder Calibration: 11-17-15

1000 PSI Recorder

60 minute timer