

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

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505  
JAN 25 2017

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
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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 *SWI*

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

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 checked="" 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: <input 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.

1-16-17 Pulled well for hole in tubing. Post-workover test backside at 570psi for 30 minutes.

CHART ATTACHED

Spud Date:

Rig Release Date:

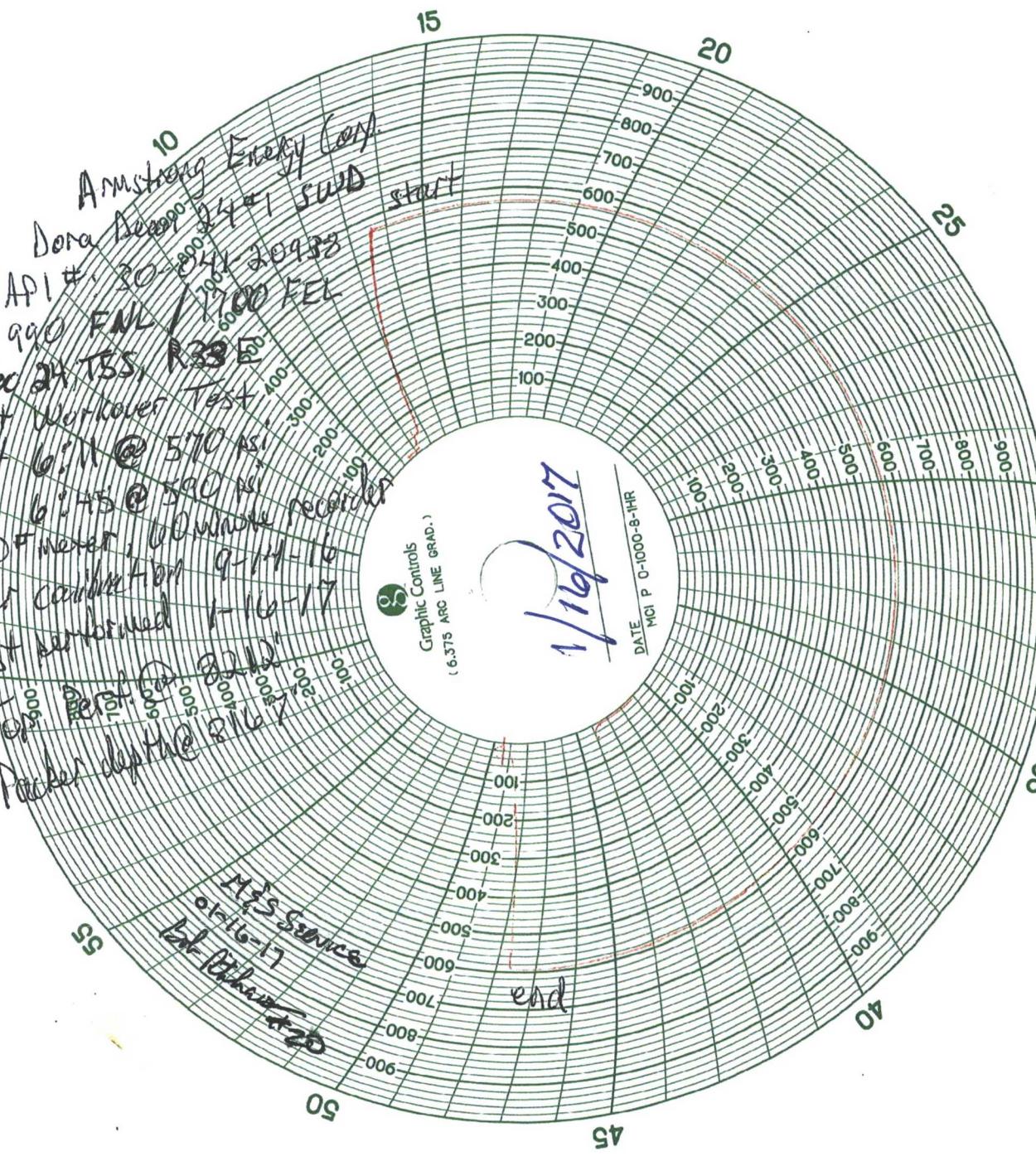
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE *Kyle Alpers* TITLE Operations Manager DATE 01/23/17

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

For State Use Only  
APPROVED BY: *Mary Brown* TITLE AO/II DATE 2/2/2017  
Conditions of Approval (if any):

*RBDMS-CHART ✓*



Armstrong Energy Corp  
 Dora Deep 24#1 SWD  
 API # 20-241-20933  
 990 FNL 1100 FEL  
 Sec 24 TSS R33 E  
 Post Workover Test  
 start 6:11 @ 570 psi  
 end 6:45 @ 590 psi  
 1000# meter, 60 minute recorder  
 Meter calibration 9-14-16  
 Test performed 1-16-17  
 Top Rest @ 2212'  
 Packer depth @ 2167'

MFS Service  
 01-16-17  
 Lab-101-20