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		Form C-103 Revised July 18, 2013
		WELL API NO.
		30-025-34591 5. Indicate Type of Lease
		STATE FEE
District IV – (505) 476-3460		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505 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 TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		Boyce 15
1. Type of Well: Oil Well Gas Well Other		8. Well Number
2. Name of Operator		9. OGRID Number
ARMSTRONG ENERGY CORPORATION		1092
3. Address of Operator P.O. BOX 1973, ROSWELL, NM 88202		10. Pool name or Wildcat Townsend; Permo Upper Penn
4. Well Location		
Unit Letter <u>A: 1650</u> feet from the <u>North</u> line and <u>660</u> feet from the <u>East</u> line		
Section 15 Township 16S Range 35E NMPM Lea County		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
GR 3989'		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUEN		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK D PLUG AND ABANDON REMEDIAL WORK ALTERING C		K 🛛 ALTERING CASING 🗌
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A		
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB		
OTHER: Add Perfs & Acidize		-
OTHER: Add Perfs & Acidize OTHER: 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.		
1. TOH w/ pump and rods and tubing		
2. TIH w/ Wireline, tie in and perf Wolfcamp 10,754'-10,774', 5 holes, 2 SPF and Wolfcamp 10,600'-10,614', 4 holes, 2 SPF.		
 TIH w/ tbg and packer, acidize, swab test new perforations TOH w/ packer, lay down 		
5. TIH w/ tbg, rods and pump, return to production		
Because perforations are above the		
current producing zone, please submit		
Spud Date: Form C-105 with Subsequent C-103		
upon completion of work.		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE KAL	VD Engineering	
· X / N	VP Engineering	
	kalpers@ae	<u>cnm.com</u> PHONE: <u>575-625-2222</u>
APPROVED BY Jaren Charp TITLE Steff Mgr DATE 5-29-19		
Conditions of Approval (If any):		