

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720

District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170

District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico
Energy Minerals and Natural Resources
Oil Conservation Division

1220 South St. Francis Dr.
Santa Fe, NM 87505

HOBBS OCD

6-19-19 2019
(Email to Paul K)
RECEIVED

Form C-101
Revised July 18, 2013

AMENDED REPORT

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

1. Operator Name and Address Armstrong Energy Corporation, PO Box 1973, Roswell NM 88202		2. OGRID Number 1092
		3. API Number 30-025-35789
4. Property Code 320100	5. Property Name Chocolate Foam Wing	6. Well No. 001

7. Surface Location

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County
L	34	14S	35E		1800	SOUTH	760	WEST	LEA

8. Proposed Bottom Hole Location

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County

9. Pool Information

Pool Name Austin, Upper Penn, Southwest	Pool Code 97319
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Additional Well Information

11. Work Type P	12. Well Type O	13. Cable/Rotary R	14. Lease Type F	15. Ground Level Elevation 4002.0' GR
16. Multiple	17. Proposed Depth 13600'	18. Formation PENN	19. Contractor TWS	20. Spud Date 6/25/2002
Depth to Ground water		Distance from nearest fresh water well		Distance to nearest surface water

We will be using a closed-loop system in lieu of lined pits

21. Proposed Casing and Cement Program

Type	Hole Size	Casing Size	Casing Weight/ft	Setting Depth	Sacks of Cement	Estimated TOC
	17 1/2	13.375	48	539	550	Surface
	12 1/4	9.625	40	4604	1650	Surface
	7 7/8	5.50	17/20	13600		

Casing/Cement Program: Additional Comments

All casing & cement already in place

22. Proposed Blowout Prevention Program

Type	Working Pressure	Test Pressure	Manufacturer

<p>23. I hereby certify that the information given above is true and complete to the best of my knowledge and belief. I further certify that I have complied with 19.15.14.9 (A) NMAC <input type="checkbox"/> and/or 19.15.14.9 (B) NMAC <input type="checkbox"/>, if applicable. Signature: <i>Shelby Dutton</i></p>		<p>OIL CONSERVATION DIVISION</p>	
Printed name: <i>SHELBY DUTTON</i>		Approved By: <i>Paul Kautz</i>	
Title: <i>OPERATIONS ACCOUNTANT</i>		Title: _____	
E-mail Address: <i>sdutton@aecnm.com</i>		Approved Date: <i>6-19-19</i> Expiration Date: <i>8-19-19</i>	
Date: _____	Phone: <i>625-2222</i>	Conditions of Approval Attached	