

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Armstrong Energy Corporation	
Address P. O. Box 1973, Roswell, New Mexico 88202	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well	Change Operator Name from Mobil Producing TX & NM Inc.
<input type="checkbox"/> Recompletion	
<input checked="" type="checkbox"/> Change in Ownership	
Change in Transporter of:	
<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Change of ownership give name and address of previous owner: Mobil Producing TX & NM Inc., Suite 2700, 9 Greenway Plaza, Houston, TX 77046

DESCRIPTION OF WELL AND LEASE

Lease Name Government "G"	Well No. 1	Pool Name, Including Formation Lea-San Andres	Kind of Lease State, Federal or Fee Federal	Lease No. NM-038155
Location Unit Letter <u>O</u> ; <u>330</u> Feet From The <u>South</u> Line and <u>1700</u> Feet From The <u>East</u> Line of Section <u>24</u> Township <u>19 South</u> Range <u>34 East</u> , NMPM, <u>Lea</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> PERMIAN CORPORATION	Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, Texas 77251-1183					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> none	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit O	Sec. 24	Twp. 19S	Rge. 34E	Is gas actually connected? no	When

this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

I. CERTIFICATE OF COMPLIANCE

hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Armstrong Energy Corporation

Robert G. Armstrong (Signature)
President

(Title)

April 1, 1988

(Date)

OIL CONSERVATION DIVISION

APPROVED APR 8 1988, 19_____
BY Orig. Signed by
Paul Kautz
TITLE Geologist

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Is Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Evolution (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Information						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Is First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Total Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

S WELL

Total Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Setting Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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