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State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | | |
|---|---|--------------|
| Operator ARMSTRONG ENERGY CORPORATION | | Well API No. |
| Address P.O. Box 1973, Roswell, New Mexico 88201 | | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | | |
| New Well <input type="checkbox"/> | Change in Transporter of: | |
| Recompletion <input checked="" type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | |
| Change in Operator <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|---|--|---------------------|
| Lease Name Government E | Well No. 7 | Pool Name, Including Formation Lea Permian Gas | Kind of Lease State, Federal or Fee | Lease No. NM-086 |
| Location Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line Section 25 Township 19S Range 34E, NMPM, Lea County | | | | |

III. 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) P.O. Box 1183, Houston, Texas 77251-1183 | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Company GPM Gas Corporation | Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762 | | | | |
| If well produces oil or liquids, give location of tanks. | Unit C | Sec 25 | Range 19S | Line 34E | When? 07-28-83 |

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

IV. COMPLETION DATA

| | | | | | | | | |
|---|--|----------|--------------------------|--|-----------------------|-----------|------------|------------|
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> | Gas Well | New Well | Workover <input checked="" type="checkbox"/> | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded 09-03-82 | Date Compl. Ready to Prod. 12-18-91 | | Total Depth 10,362 | | P.B.T.D. 5340' | | | |
| Elevations (DF, RKB, RT, GR, etc.) GR 3773.5 | Name of Producing Formation Queen | | Top Oil Gas Pay 4934' | | Tubing Depth 4885' | | | |
| Perforations 4934, 35, 36, 37, 78, 79, 80, 90, 5046, 47, 89, 90 - 12 holes | | | | | Depth Casing Shoe | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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.)

| | | | |
|--|--------------------------|---|------------------|
| Date First New Oil Run To Tank 12-19-91 | Date of Test 12-20-91 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 Hrs. | Tubing Pressure 22# | Casing Pressure 22# | Choke Size 2" |
| Actual Prod. During Test 30 BO | Oil - Bbls. 30 | Water - Bbls. 72 BLW | Gas - MCF 5 |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature Thomas K. Scroggin
Thomas K. Scroggin Production Supervisor
Printed Name Title
12-23-91 (505) 623-8726
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

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

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.