L. Submit 5 Copies Appropriate District Office <u>DISTRICT 1</u> 7-0. Box 1980, Hobbs, NM 88240	State of New Mexico Energy, Minerals and Natural Resources Department OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088							Form C-104 Revised 1-1-89 See lastructions at Bottom of Page			
DISTRICT II P.O. Drawer DD, Astesia, NM 88210											
DISTRICT III 1000 Rio Bears Rd., Aziec, NM 87410		JEST FO				AUTHOR					
I. Operator ARMSTRONG ENERGY CC			NSP		AND NA	IURAL G	iAS Well A		25-2	7496	
Adress P.O. Box 1973, Ross			ico	88201	<u> </u>						
Resson(s) for Filing (Check proper box) New Weil		Change in	Тлавро	<u> </u>	Oth	et (Please exp	lain)				
Recompletion 🔀 Change in Operator	Oil Casinghea	L] Id Gas []		_			·	ned F	en Au	ne Spren	
f change of operator give name ad address of previous operator			77	IS WELL	HAS BEEN P	LATED IN	TUE MON			y	
I. DESCRIPTION OF WELL	AND LE	ASE	1.15	DTIFY THIS	BELOW. IF	YEU DO N	IOT CONCUR				
Laaso Namo Government E		Well No. 7			ng Formation millind	· · · · ·		of Lease Federal or Fed	_	1200 No. 086	
Location Unit LatterC	.:6	560	, Feet Fi	om The	orth Lin	e and	<u>980</u> Fe	et From The _	West	Lies	
Section 25 Township	1 95	5	Range	34E	, N	мрм,	Lea	<u> </u>		County	
II. DESIGNATION OF TRANS	SPORTE	CR OF O or Conder					RLOCK PERMI			ni)	
Permian Corporation	ation				P.O. Box 1183, Houston, Texas 77251-1183 Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casing Phillips <u>66 Natural G</u> a		X Dany	or Dry	Gas []			Odessa,		79762		
l' well produces oil or liquids, jus location of tanks.					ls gas actual Yes	Is gas actually connected? When T Yes 07-			? -28–83		
f this production is commingled with that f V. COMPLETION DATA	from any ou	her lease or	pool, gi	ve comming	ing order num	ber:					
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover X	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod. 07-23-91			Total Depth 10,362			P.B.T.D. 7500 '				
09-03-82 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			ць		
GR 3773.5 Lea-San Andres				5904			5825 Depth Casing Shoe				
5904, 08, 14, 17, 18,					37, 39, CEMENTI						
HOLE SIZE	CA	SING & T	UBING	SIZE		DEPTH SE	T		SACKS CEN	ENT	
			<u></u>								
. TEST DATA AND REQUES	ST FOR	ALLOW	ABLE		1			_ <u>L</u>			
OIL WELL (Test must be after r	ecovery of I	iotal volume	of load	oil and mus			illowable for th pump, gas lift,		for full 24 ho	ers.)	
Date First New Oil Rua To Tank 07-28-91	Date of T	est 07-30-	.91		Producing W			* *			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
24 Hrs. Actual Prod. During Test	Oil - Rhi	17# Oil - Bols.				17# Waler - Bbis.			Gas- MCF		
10 BO	10				10			· 15			
GAS WELL Actual Frod. Test - MCF/D	Length of	Test			Bbis. Conde	new/MMCF		Gravity of	Condensate		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
			<u>. </u>	_,	-\						
VL OPERATOR CERTIFIC			rvation			OILCC	NSERV		DIVIEI	NC	
I hereby certify that the rules and regul Division have been complied with and	lations of the that the inf	ormation en	ves abo	/C	11						
Division have been complied with and is true and complete to the best of my	that the inf	ormation gi	vez abo	YE	Dat	e Approv	ved			<u></u>	
Division have been complied with and is true and complete to the best of my These Kung	that the inf	ormation gi	ven abo	ve	Dat	e Approv	Ved Orig. Signe	d			
Division have been complied with and is true and complete to the best of my <u><i>Mob</i> Choog</u> Signature Thomas K. Scroggin	that the inf knowledge	ormation gi and belief.	ion	<u>Superv</u> i	Dat By_	e Approv	ved	d			
Division have been complied with and is true and complete to the best of my <u>March Lucy</u>	that the inf knowledge	ormation gi and belief. Product (505) 6	ion Title	<u>Superv</u> i 726	Dat By	e Approv	Orig. Signe	d			

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 3.7 Fee 3.5 with Rule 111.
2) All sections of this form must be filled out for allowable on new and recompleted wells.