

Submit to Appropriate
District Office
State Lease -- 6 copies
Fee Lease -- 5 copies

State of New Mexico
Geology, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION

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

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

API NO. (assigned by OCD on New Wells)

30-025-28583

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

LG-2750

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☐

RE-ENTER ☐

DEEPEN ☐

PLUG BACK ☒

b. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

SINGLE
ZONE ☒

MULTIPLE
ZONE ☐

7. Lease Name or Unit Agreement Name

West Pearl St.

2. Name of Operator

ARMSTRONG ENERGY CORPORATION

8. Well No.

1

3. Address of Operator

P.O. Box 1973, Roswell, New Mexico 88201

9. Pool name or Wildcat

Lea/Delaware N.E.

4. Well Location

Unit Letter A : 660 Feet From The North Line and 550 Feet From The East Line

Section 2

Township 20S

Range 34E

NMPM

Lea

County

10. Proposed Depth

See Below

11. Formation

Delaware

12. Rotary or C.T.

N/A

13. Elevations (Show whether DF, RT, GR, etc.)

3692' GR

14. Kind & Status Plug Bond

Blanket

15. Drilling Contractor

N/A

16. Approx. Date Work will start

01-04-93

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP

Propose to T/A the Lea/Bone Springs perms at 9528'-9548' by setting a CIBP at 9400' with 35' of cement on top. Propose to perforate Lea/Delaware N.E. intervals located at 5886'-5916' and 5942'-5970'. These intervals will be tested and stimulated by frac treatment.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Thomas K. Scroggin

TITLE

Operations Supervisor

DATE 12-29-92

TYPE OR PRINT NAME

Thomas K. Scroggin

TELEPHONE NO. 623-8726

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

DEC 31 '92

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval.
Date Unless Drilling Underway.

Work over

Submit to Appropriate
District Office
State Lease - 4 copies
Fee Lease - 3 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

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WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator ARMSTRONG ENERGY CORPORATION			Lease West Pearl State		Well No. 1
Unit Letter A	Section 2	Township 20S	Range 34E	County NMPM Lea	
Actual Footage Location of Well: 660 feet from the North line and 550 feet from the East line					
Ground level Elev. 3692'	Producing Formation Delaware		Pool Lea/Delaware N.E.		Dedicated Acreage: 40 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.

2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).

3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?

☐ Yes ☐ No If answer is "yes" type of consolidation _____

If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.

OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature

Thomas K. Scroggin

Printed Name

Thomas K. Scroggin

Position

Operations Supervisor

Company

Armstrong Energy Corp.

Date

12-29-92

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

Signature & Seal of
Professional Surveyor

Certificate No.