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

P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-101 Revised 1-1-89

OIL CONSERVATION DIVISION DISTRICT I P.O. Box 1980, Hobbs, NM 88240 **DISTRICT II**

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 API NO. (assigned by OCD on New Wells) <u>30-025-28583</u> 5. Indicate Type of Lease STATE X FEE

6. State Oil & Gas Lease No.

DISTRICT III 1000 Rio Brazos Rd., Aztec	, NM 87410						LG 27	750	~~~	******
APPLICAT	ION FOR PERMIT	TO DRILL	, DEEPEN, C	R PLL	IG BACK					
la. Type of Work:							7. Lease Nat	ne or Unit Ag	reement Name	
DRILL b. Type of Well: OIL GAS WELL WELL X	_	l 🗌 D	SINGLE ZONE	PLUG	BACK X MULTIPLE ZONE			: Pearl	St.	
2. Name of Operator							8. Well No.			
ARMSTRONG ENERGY CORPORATION							9. Pool name or Wildcat			
3. Address of Operator							Lea/Penn			
P.O. Box 1973	, Roswell, New	Mexico	88201				Lea/ I	CIMI		
4. Well Location Unit Letter A	: 660 Feet 1	from The	North	I	ine and	550) Feet	From The	East	Line
Section 2	Town	ship 2	20S Ra	nge	34E	N	IMPM	Le	ea ************************************	County
									12. Rotary or C.	/////// T
		//////	0. Proposed Depth			11. F	ormation			
13. Elevations (Show whether	er DF, RT, GR, etc.)	14. Kind & S	Status Plug. Bond	15.	Drilling Cont	ractor			Date Work will s 24-92	urt
17.	PI	ROPOSEI	D CASING A	ND CE	MENT PR	OGR	AM			
0175 05 1101 5			T PER FOOT		TING DEP		SACKS OF	CEMENT	EST. T	OP
SIZE OF HOLE	SIZE OF CASING	VILIGI	I I LITTOOT							
		+				-				
				-						

Propose to abandon the Morrow formation in the lower Penn. A CIBP will be set at approximately 12950' and covered with cement. Other Penn intervals will be tested, specifically the Strawn and Upper Penn, with specific perforations selected from a total interval of 11965' - 12260'.

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.										
	re is true and complete to the best of my knowle	edge and belief	Production Supervisor	DATE						
TYPE OR PRINT NAME Thor	mas K. Scroggin			тецернюме моб23-8726						
(This space for State Use)	ig. Signed by. Paul Kautz Geologisti.	TTTE _		AUG 1 3 '92						
CONDITIONS OF APPROVAL, IF ANY:	(Company)									