				of New Mexico atural Resources Department					Form C-103 Revised 1-1-89			
DISTRICT			OIL CO	DNSERV	ATION DIVIS	ION						
P.O. Box 1980, Hol	 bbs, NM 88241-1980		WELL API N	0.								
				30-025-31696								
DISTRICT II								5. Indicate Type	e of Lesse			
811 S. First Street, A	Artesia, NM 88210									STATE	X F	EE
DISTRICT III 1000 Rio Brazos Ro	1, Aztec, NM 87410			6. State Oil & G		-2750						
	SUND											
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)									or Unit Agree	ment Name		
1. Type of Well: OIL GAS								Mobil Lea State				
WELL	X WELL			OTHER								
2. Name of Operato			8. Well No.									
ARMSTRONG ENERGY CORPORATION									1			
3. Address of Operator								9. Pool Name o	r Wildcat			
P.O. BOX 1973, ROSWELL, NEW MEXICO 88202-197								Lea Delaware, Northeast				
4. Well Location		<b>1</b>		<u> </u>	······································	······						
Unit Letter	K	:	1800	Feet From The	South	Line and	1980		F	eet From The	West	Line
Section		2 Township		205		Range	34	Е	NMPM	Lea	c	ounty
				10. Elevation (	Show whether DF, RKB,	RT, GR, etc.)						
					3672.8 GR							
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data												
NOTICE OF INTENTION TO:					SUBSEQUENT REPORT OF:							
PERFORM REMEDIAL WORK X PLUG A			PLUG AN	D ABANDON		REMEDIAL WORK			ALTERING CASING			
TEMPORARILY ABANDON CHANGE PLANS				COMMENCE DRILLING OPNS.		PLUG AND ABA	NDONMENT					
PULL OR ALTER CASING				CASING TEST	AND CEME	NT JOB						
OTHER:					_ 🗆	OTHER:						

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103

5

Propose to add new Delaware perfs in the Lea Delaware, N.E. interval. The perfs will be in the interval located from 5652' - 5698'. This interval will be acidized, swab tested, and fraced if the swab test is favorable.

I hereby certify that	the information above is true and complete to the best of my know	ledge and belief.			
SIGNATURE	- Tolwyg	TTILE	Consultant	DATE	03-03-00
TYPE OR PRINT	NAME Thomas K. Scroggin			TELEPHONE NO. 62	3-8726
(This space for State	Use) CH.C.				
APPROVED BY	PPROVAL, IF ANY:	TITLE	- <u></u>	DATE	

