

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator ARMSTRONG ENERGY CORPORATION		Well API No. 30-025-31696
Address P.O. Box 1973, Roswell, New Mexico 88201		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input 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"/>		<input checked="" type="checkbox"/> Other (Please explain) Designation of Transporter for Casinghead Gas.
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mobil Lea State	Well No. 1	Pool Name, Including Formation Lea Delaware, NE	Kind of Lease State, Federal or Fee	Lease No. LG-2750
Location Unit Letter K : 1800 Feet From The South Line and 1980 Feet From The West Line Section 2 Township 20S 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"/> Petro Source Partners, Ltd.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1356, Dumas, Texas 79029	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) 4044 Penbrook St., Odessa, Texas 79762	
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 2
	Twp. 20	Rge. 34
	Is gas actually connected? Yes	When? 11-13-92

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 09-30-92	Date Compl. Ready to Prod. 10-27-92		Total Depth 6289'		P.B.T.D. 6237'			
Elevations (DF, RKB, RT, GR, etc.) 3672.8 GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 5890'		Tubing Depth 5787'			
Perforations 5890' - 5931'					Depth Casing Shoe 6289'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
22"	16" 54#	42'	3 Cubic Yds.
14 3/4"	9 5/8" 36#	1697'	1300 sx - Circ.
8 3/4" - 7 7/8"	5 1/2" 15.5#	6289'	1st Stg. 290 sx DV tool
			2nd Stg. 1600 sx Circ.

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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/Operations Supervisor
Printed Name
01-04-93
Date
623-8726
Title
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN - 6 1993

By ORIGINAL SIGNED BY DISTRICT I SUPERVISOR

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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.