

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

WELL API NO. 30-025-31696
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LG 2750

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.)

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
ARMSTRONG ENERGY CORPORATION

3. Address of Operator
P.O. Box 1973, Roswell, New Mexico 88201

4. Well Location
Unit Letter K : 1800 Feet From The South Line and 1980 Feet From The West Line
Section 2 Township 20 Range 34 NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3672.8

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☒ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☒
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.

09-30-92 Spudded well, drilled 22" hole to 42'. Ran 42' of 16" 54# casing, cemented with 3 cubic yards of ready mix. WOC.
10-01-92 Drilled 14 3/4" hole to 1697'. Ran 1697' of new 9 5/8" 36# API casing, to 38 jts. Cemented with 1100 sx Halliburton Lite and 200 sx class H
10-07-92 17#. Circ. 250 sx. Plug down at 7:00 am 10-07-92. Tested at 1000# Held OK. Released pressure. Float held OK. WOC.

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 10-07-92
TYPE OR PRINT NAME Thomas K. Scroggin TELEPHONE NO. 623-8726

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY