

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. 30-025-31845
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LG 2750
7. Lease Name or Unit Agreement Name West Pearl St.
8. Well No. 2
9. Pool name or Wildcat Lea Delaware, N.E.

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 88202

4. Well Location
Unit Letter G : 2310 Feet From The North Line and 2210 Feet From The East Line

Section 2 Township 20S Range 34E NMPM Lea County

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

3676.2 GR

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.

Squeezed perfs with cement from 5744' to 5805'. Productive perfs from 5882'-5910' and 5928' to 5948' were left open. Added new perfs in the Lea Delaware, N.E. interval from 5597' to 5609'. Acidized with 2000 gallons 7½% NEFE acid and fraced with 20,000 gallon of cross-linked gel fluid and 50,300# of 16/30 Ottawa sand. Work completed on 12-28-94.

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

SIGNATURE Thomas K. Scroggin TITLE Operation Supervisor DATE 06-27-96

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

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: