			1		
Submit 3 Copies to Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources Department		Form C-103 Revised 1-1-89		
<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240 DISTRICT II	OIL CONSERVATIO P.O. Box 20	88	WELL API NO. 30-025-31845		
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III	Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease STATE STATE FEE		
1000 Rio Brazos Rd., Aziec, NM 87410			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 RESER (FORM C	7. Lease Name or Unit Agreement Name				
I. Type of Well: OIL CAS WELL CAS	OTHER	West Pearl St.			
2. Name of Operator ARMSTRONG ENERGY CORPORATION			8. Well No. 2		
3. Address of Operator P.O. Box 1973, Roswell, New Mexico 88202			9. Pool name or Wildcat Lea Delaware, N.E.		
4. Well Location Unit Letter <u>G</u> : 231	0 Feet From The North	Line and221	0 Feet From TheEast Line		
Section 2	Township 20S Ra	inge 34E I	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: SUBS			SEQUENT REPORT OF:		
		REMEDIAL WORK			
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT					
PULL OR ALTER CASING CASING TEST AND CEMENT JOB					
OTHER: OTHER:					
		L			

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.

Propose to squeeze perfs from 5744' to 5805' with cement. Productive perfs from 5882'-5910' and 5928'-5948' will not be squeezed. A retrievable plug will be set at approx. 5700'. Propose to perforate and test new interval from 5597'-5609'. This interval will be acidized and fraced. This interval will be produced seperately, initially, and later added to the lower zones. These new perfs are still in the Lea Delaware, N.E.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
	tok lugg	mu Operations Supervisor	DATE		
TYPE OR PRINT NAME	Thomas K. Scroggin	,	TELEPHIONE NO.623-8726		
(This space for State Use)	(「キーサル 1. Sa合体の BY Seeのサイズから1 - 1.0 HET。J		NUV 2010 1994		
APTROVED BY	······································		DATE		
CONDITIONS OF AFFROVAL,	FANY:		7		