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State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator ARMSTRONG ENERGY CORPORATION		Well API No. 30-025-31845 ✓
Address P.O. Box 1973, Roswell, New Mexico 88202-1973		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>5-20-93</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name West Pearl State	Well No. 2	Pool Name, Including Formation Lea Delaware, NE	Kind of Lease State, Federal or Fee	Lease No. LG-2750
Location Unit Letter <u>G</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>2210</u> Feet From The <u>East</u> Line Section <u>2</u> Township <u>20S</u> Range <u>34E</u> , NMPM, <u>Lea</u> 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"/> <u>Pride Petroleum Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2436, Abilene, Texas 79604					
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) 583 Frank Phillips Bldg., Bartlesville, OK 77004					
If well produces oil or liquids, give location of tanks.	Unit <u>G</u>	Sec. <u>2</u>	Twp. <u>20</u>	Rge. <u>34</u>	Is gas actually connected? No	When? Waiting on Connection

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 02-13-93	Date Compl. Ready to Prod. 03-20-93		Total Depth 6210'		P.B.T.D. 6163'			
Elevations (DF, RKB, RT, GR, etc.) 3671.4 GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 5928'		Tubing Depth 5800'			
Perforations 5928' - 5948'					Depth Casing Shoe 6210'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
22"	16" 36#		40'		3 Cubic Yds.			
14 3/4"	9 5/8" 36#		1681'		1200 Sx - Circ.			
8 3/4" - 7 7/8"	5 1/2" 15.5#		6210'		1st Stg. 310 sx DV too 5260'			
					2nd Stg. 1400 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 03-20-93	Date of Test 03-21-93	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs.	Tubing Pressure 35#	Casing Pressure 35#	Choke Size 2"
Actual Prod. During Test 227	Oil - Bbls. 107	Water - Bbls. 120 Load Water	Gas - MCF 50

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.

Thomas K. Scroggin
Signature
Thomas K. Scroggin/Operations Supervisor
Printed Name
03-23-93
Date
Title
623-8726
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 25 1993

By Paul Kautz
Original Signed by
Geologist

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.