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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

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. 30-025-32105
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:
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"/>

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mobil Lea State	Well No. 3	Pool Name, including Formation Lea Delaware, N.E.	Kind of Lease State, Federal or Fee	Lease No. LG-2750
Location Unit Letter M : 990 Feet From The South Line and 870 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) 583 Frank Phillips Bldg., Bartlesville, OK 77004					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 2	Twp. 20	Rge. 34	Is gas actually connected? Yes	When?

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 08-05-93	Date Compl. Ready to Prod. 09-05-93		Total Depth 6300'		P.B.T.D. 6252'			
Elevations (DF, RKB, RT, GR, etc.) 3662.2 GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 5894'		Tubing Depth 6300'			
Perforations 5918' - 5936'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
22"	16" 54#		40'		3 Cubic Yards			
14 3/4"	9 5/8" 36#		1700'		1100 Sx - Circ.			
8 3/4" - 7 7/8"	5 1/2" 15.5#		6300'		1st Stq. 414 Sx DV Tool			
					2nd Stq. 1600 Sx Circ 5126			

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 09-05-93	Date of Test 09-11-93	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs.	Tubing Pressure 30#	Casing Pressure 30#	Choke Size 2"
Actual Prod. During Test 257	Oil - Bbls. 210	Water - Bbls. 47	Gas - MCF 74

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 Operations Supervisor
Printed Name
09-14-93
Date
623-8726
Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 16 1993

By ORIGINAL SIGNED BY JERRY SEXTON
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.