Submit to Appropriate

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

CONDITIONS OF AFFROVAL, IF ANY:

State of New Mexico En. ________, Minerals and Natural Resources Department

Form C-101 Revised 1-1-89

District Office State Lease — 6 copies
Fee Lease — 5 copies

DISTRICT

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

API NO. (assigned by OCD on New Wells)

P.O. Drawer DD, Artesia,	NM ##210			1	SI	ATE A FEE	
DISTRICT III 1000 Rio Brazos Rd., Azsa	ic, NIM 87410			6.	State Oil & Gus Lease L LG 2750	Na.	
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK							
la. Type of Work:					7. Lease Name or Unit Agreement Name		
b. Type of Well: Oil. QAS WELL WELL	L X RE-ENTER	DEEPEN SINGLE	PLUG BACK MULTIPLE ZONE		Mobil Lea	State	
2. Name of Operator			<u></u>	8.	Well No.		
ARMSTRONG ENERGY CORPORATION					3		
3. Address of Operator					9. Pool name or Wildcat		
P.O. Box 1973, Roswell, New Mexico 88202					Lea Delaware, Northeast		
4. Well Location Unit Letter	M : 990 Feet Fr	om The South	Line and	870	Feet From The	West Line	
Section	2 Townsi	nio 20S Ra	nge 34E	NMPN	4 L	ea C ounty	
		10. Proposed Depth		11. Formet		12. Rotary or C.T.	
		6300			elaware	Rotary	
13. Elevations (Show wheth 3662.2 GR	er DF, RT, GR, etc.)	4. Kind & Status Plug. Bond Blanket	15. Dailing Con L&M D	rilling		Date Work will start -01-93	
17. PROPOSED CASING AND CEMENT PROGRAM							
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT			CKS OF CEMENT	EST. TOP	
14 3/4"	9 5/8"	36#	1730' to To	p Anny.		Circ.	
8 3/4"	5 1/2"	15.5#	6300'		1400	Circ.	
				DV	tool @ 5000'	<u>L</u>	
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Propose to drill the Mobil Lea State #3 well to test the Delaware formation. 9 5/8" casing will be run for surface casing. If lost circulation were to occur later, this allows us the option to run 7" intermediate casing and then drill to accomodate a 4 1/2"production string.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR FILID BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.								
I hereby certify that the information above is true and complete to the best of my knowledge SIGNATURE	mus Operations Supervisor	DATE07-07-93						
TYPEOR PRINT NAME Thomas K. Scroggin		TELEPHONE NO.623-8726						
(This space for State Use)								
ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR	TIME	- 30 <u>12 1993</u>						

JUL 0 3 1993