

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. 30-025-32310
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 Mobil Lea State
8. Well No. 4
9. Pool name or Wildcat Lea Delaware, Northeast

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator Armstrong Energy Corporation
3. Address of Operator P.O. Box 1973, Roswell, New Mexico 88202	4. Well Location Unit Letter N : 1155 Feet From The South Line and 1770 Feet From The West Line Section 2 Township 20S Range 34E NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3667.9 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.

Propose to add new perforations from 5540'-5570'. These perforations will be acidized and stimulated by frac treatment. These new perforations will then be added to the existing, lower perms. The new perforations will still be classified under the Lea Delaware, N.E. pool.

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

SIGNATURE Thomas K. Scroggin TITLE Operations Supervisor DATE 01-27-97  
TYPE OR PRINT NAME Thomas K. Scroggin TELEPHONE NO. 623-8726

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JAN 29 1997

CONDITIONS OF APPROVAL, IF ANY:

