Submit 3 Copies

State of New Mexico Fnerov : erals and Natural Resources Department

Form C-103

DISTRICT I				esources Departine			
P.O. Box 1980, Hobbs, NM 8	980, Hobba, NM 88240 P.O. Box 208			88	WELL API NO.	WELL API NO. 30-025-32466	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210		Santa Fe, New Mexico 87504-2088			5. Indicate Type		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410				6. State Oil & G			
SHND	DEV NOTIC	ES AND REPO	RTS ON WEI	15			
(DO NOT USE THIS FORI	M FOR PROP ENT RESERV		OR TO DEEPEN CATION FOR PE	OR PLUG BACK TO	A 7. Lease Name o	r Unit Agreement Name	
. Type of Well: Off. X	GAS		OTHER		Mobil Lea	a St.	
Name of Operator	west [·····		B. Well No.		
ARMSTRONG ENERGY	Y CORPORA	ATION			5		
. Address of Operator					9. Pool name or		
P.O. Box 1973, 1	Roswell,	New Mexico	88202-197	.3	Lea Dela	ware, Northeast	
	: 2440	_ Feet From The _	North	Line and	870 Feet From	n The West	
Section 2		Township 2	O Ra	nge 34	NMPM	Lea County	
7/////////////////////////////////////	////////			DF, RKB, RT, GR, etc.)			
			3679 GR			<u> </u>	
1.	Check Ap	propriate Box	to Indicate l	Nature of Notice	, Report, or Othe	r Data	
NOTICE	OF INTE	NTION TO:		SI	UBSEQUENT F	REPORT OF:	
ERFORM REMEDIAL WORI	ĸ 🗍	PLUG AND AB	ANDON	REMEDIAL WORK		ALTERING CASING	
MPORARILY ABANDON		CHANGE PLAN		COMMENCE DRILL	<u></u>	PLUG AND ABANDONMENT	
		CHANGE FEAT	.5	1			
JLL OR ALTER CASING					CEMENT JOB X		
THER:			[_]	OTHER:			
Describe Proposed or Comp work) SEE RULE 1103.	pleted Operation	as (Clearly state all p	ertinent details, on	d give pertinent dates, i	ncluding estimated date o	f starting any proposed	
04-15-94 04-16-94 to 04-17-94	Ran 6058 1st stag 2nd stag circulat pressure	ge - 325 sx ge - 1200 sx ced 149 sx t e. Floats h	.50# new A class "H" Halliburt o pit. Te eld O.K.	cement - circ on "Lite" fol sted DV tool Job complete	culated 75 sx in 10 and 10 sx in 10 sx	sx Class "H" - ld O.K. Release 17-94. Set slips	
hereby certify that the information	a above is true an	d complete to the best o			- Company in a se	04.10.04	
thereby cartify that the information	a above is true an	d complete to the best o		beid Operations	s Supervisor	DATE 04-19-94	
Hereby certify that the information to A	a above is true an Kungg	d complete to the best o			: Supervisor	DATE 04–19–94 TELEPHONE NO.	

ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR __ DATE -

APR 21 1994

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