

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. 30-025-32914
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LG-2833
7. Lease Name or Unit Agreement Name Mobil Lea State
8. Well No. 7
9. Pool name or Wildcat Lea Delaware, N.E.

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 88202-1973

4. Well Location
Unit Letter **E** : **1930** Feet From The **North** Line and **330** Feet From The **West** Line
Section **2** Township **20S** Range **34E** NMPM **Lea** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3677 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: ☐

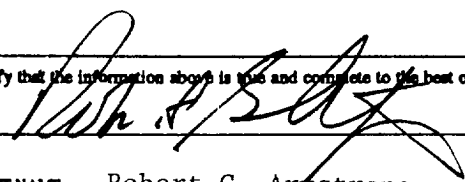
SUBSEQUENT REPORT OF:

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.

Squeeze existing Delaware perfs and drill out to original TD of 8320'. Set 4" flush joint liner with top inside 5½" casing and bottom of liner at TD. Perforate and test lower Delaware intervals. 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  TITLE **President** DATE **8/08/96**
TYPE OR PRINT NAME **Robert G. Armstrong** TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: