State of New Mexico Form C-103 Submit 3 Copies Energy, Minerals and Natural Resources Department to Appropriate District Office Revised 1-1-89 OIL CONSERVATION DIVISION WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-025-32914 DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE FEE [ DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. SUNDRY NOTICES AND REPORTS ON WELLS ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Mobil Lea St. Type of Well: WELL X OTHER 2. Name of Operator 8. Well No. ARMSTRONG ENERGY CORPORATION Address of Operator 9. Pool name or Wildcat Lea Delaware, Northeast P.O. Box 1973, Roswell, New Mexico 88202-1973 Well Location \_\_\_: <u>1930</u> Feet From The \_ North 330 Unit Letter \_\_\_E\_ Feet From The Line and \_\_\_\_ 34 Lea 20 Range County Township 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3677 GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT TEMPORARILY ABANDON **CHANGE PLANS** CASING TEST AND CEMENT JOB X **PULL OR ALTER CASING** OTHER: 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. 05-05-95 Well TD at depth of 8320'. Ran 7600' of  $5\frac{1}{2}$ " 15.50# and 17# new API J55 casing. DV tool 05-07-95 located at 5719'. 1st stage - 900 sx class "H" cement - circulated to 05-08-95 15 sx return to pit. 2nd stage - 2500 sx Halliburton "Lite" followed by 200 sx Class "H" - circulated 100 sx to pit. Tested DV tool at 3200#. Held O.K. Release pressure. Floats held O.K. Job complete 7:30 a.m. 05-08-95. Set slips on  $5\frac{1}{2}$ " casing.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
• •		Operations Supervisor	DATE
TYPE OR PRINT NAME			TELEPHONE NO.
(This space for State Use)	ORIGINAL SIGNED BY JERRY SEXTON		

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Remove B.O.P. Release rig at 12:00 p.m. 05-08-95.

HISTRICY I SUPERVISOR

MY 12 1995

DATE

AJTROVED BY -