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.
30-025-03266

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
E1638

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.)

7. Lease Name or Unit Agreement Name
West Pearl Queen Unit

1. Type of Well:
OIL WELL [ ]   GAS WELL [ ]   OTHER

2. Name of Operator
Sirgo Operating, Inc.

8. Well No.
154

3. Address of Operator
P.O. Box 3531, Midland, Texas 79702

9. Pool name or Wildcat
Pearl Queen

4. Well Location

Unit Letter F : 1980 Feet From The North Line and 2283 Feet From The West Line

Section 31 Township 19S Range 35E NMPM Lea County

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

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:___Cover pits___ [XX]

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.

9-14-89   The working pit on the subject well was cut and dried, then buried and smoothed over as per your request.

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

SIGNATURE _____ TITLE _Vice-President_ DATE 10-4-89

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

OCT 1 0 1989

APPROVED BY_____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: