

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
30-025-05596

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
E-2721

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
East Eumont Unit

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No.
44

2. Name of Operator
Sirgo Operating, Inc.

9. Pool name or Wildcat
Eumont Yates SR Q

3. Address of Operator
PO Box 3531, Midland, TX 79702

4. Well Location
Unit Letter L : 660 Feet From The West Line and 1980 Feet From The South Line

Section 15 Township 19S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3652' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: _____ <input type="checkbox"/>	

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.

Pull rods and tubing. Set CIBP 100' above top perf and circulate hole with inhibited water.

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

SIGNATURE Bonnie Atwater TITLE Production Tech. DATE 7-9-92

TYPE OR PRINT NAME Bonnie Atwater TELEPHONE NO. 915/685-087

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

APPROVED BY _____ TITLE _____ DATE JUL 13 '92

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JUL 10 1992

330 HOURS OFF