

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

Submit 3 Copies
to Appropriate
District Office

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

<p>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.)</p>		<p>WELL API NO. 30-025-05829 ✓</p>
<p>1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p>		<p>5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p>
<p>2. Name of Operator Sirgo Operating, Inc.</p>		<p>6. State Oil & Gas Lease No. B-2736</p>
<p>3. Address of Operator P. O. Box 3531, Midland, Tx. 79702</p>		<p>7. Lease Name or Unit Agreement Name East Eumont Unit</p>
<p>4. Well Location Unit Letter <u>P</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>35</u> Township <u>19S</u> Range <u>37E</u> NMPM <u>Lea</u> County</p>		<p>8. Well No. 102</p>
<p>9. Pool name or Wildcat Eumont-Yates-SR-Q</p>		
<p>10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3598' GR</p>		

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"/>	REMEDIAL WORK <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <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: <u>Temporarily Abandon</u> <input checked="" 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.

11-24-92 Load and test casing/CIBP to 540#-535# for 30 minutes, okay.
Chart attached.

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

SIGNATURE Victor J. Sirgo TITLE Vice-President DATE 1-4-93

TYPE OR PRINT NAME Victor J. Sirgo TELEPHONE NO. 915/685-0878

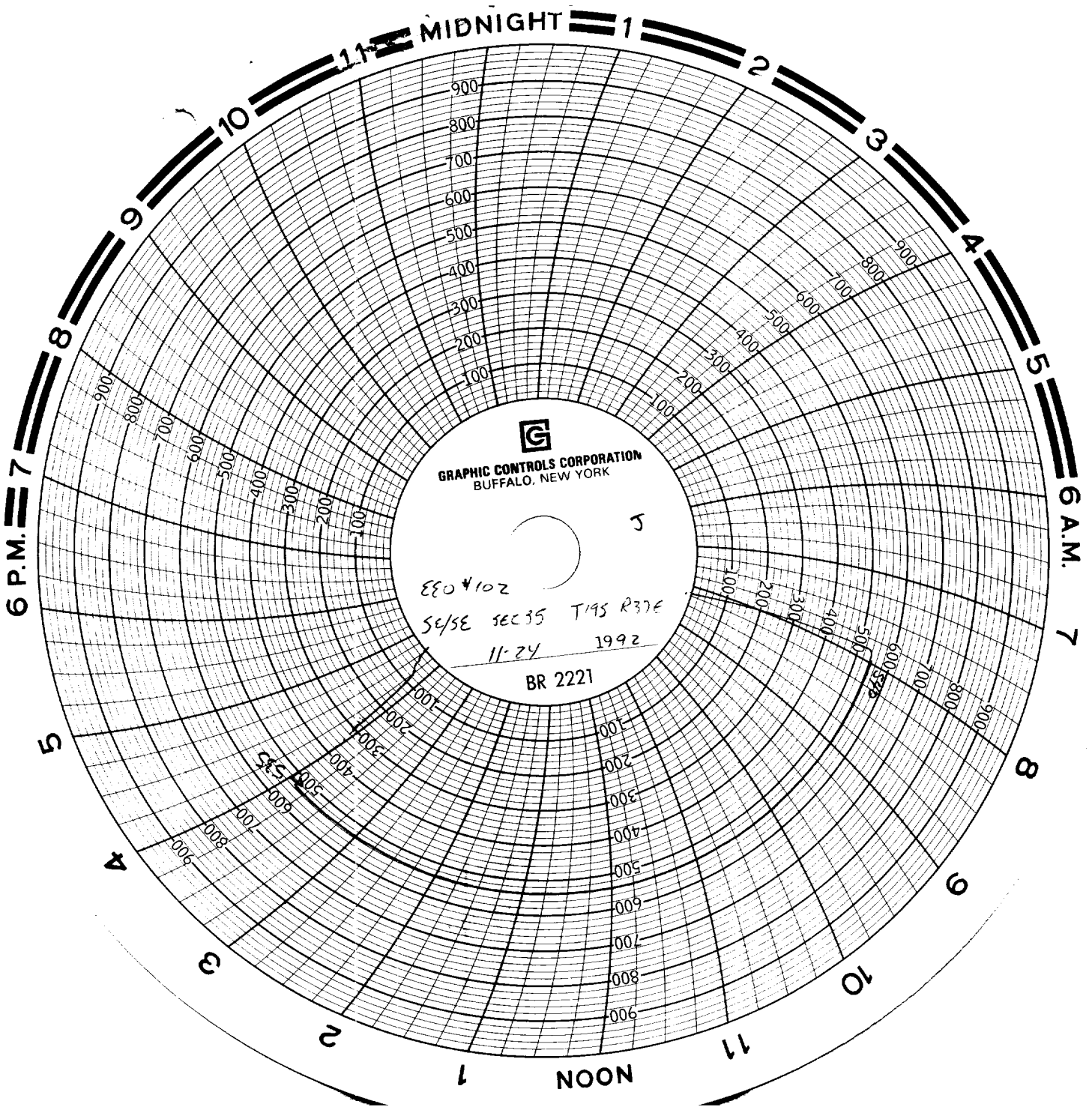
(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

This Approval of Temporary Abandonment Expires 12-1-97

JAN 11 1993



G
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

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EEO #102
SE/SE SEC 35 T195 R37E
11-24 1992

BR 2221