

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. 30-025-05849
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-935
7. Lease Name or Unit Agreement Name East Eumont Unit
8. Well No. 118
9. Pool name or Wildcat Eumont-Yates-SR-Q
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3599' DF

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 Sirgo Operating, Inc.
3. Address of Operator PO Box 3531, Midland, TX 79702	4. Well Location Unit Letter <u>L</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>1</u> Township <u>20S</u> Range <u>37E</u> NMPM Lea County
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: Temporarily Abandon ☒

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.

7-17-92 MIRU PU. POH w/rods, pump & tbq. RIH on wireline 5-1/2" CIBP.
Set CIBP @ 3688'. Fill casing to surface with treated fluids.
Move all equipment off location and clean up.

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 7-22-92
TYPE OR PRINT NAME Victor J. Sirgo TELEPHONE NO. 915/685-0878

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE JUL 28 1992

CONDITIONS OF APPROVAL, IF ANY: