

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.

30-025-30252

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-9312

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 Dollarhide Queen Sand
Unit

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

Sirgo Operating, Inc.

8. Well No.

119

3. Address of Operator

P.O. Box 3531, Midland, Texas 79702

9. Pool name or Wildcat

Dollarhide Queen

4. Well Location

Unit Letter G : 1470 Feet From The North Line and 1520 Feet From The East Line

Section 5 Township 25S Range 38E NMPM Lea County

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

3162' GR 3173.5' KB

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: ☐

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.

3-8-90 MI&RU pulling unit. POH w/tbg. Tbg was bad. SION.

3-9-90 RIH w/bit & scraper. POH w/bit & scraper. RIH w/pkr & 2-7/8" tbg. RU & pickle tbg w/1000 gal 15% HCL acid. Reverse out acid. Set pkr @ 3508'. Acidize w/1750 gal SWIC acid, block w/600# rocksalt in 5 gal brine gel. Flush to top perms (3700'). ISIP 800#. SI for 30 min. Recover load. Leave well flowing overnight.

3-10-90 POH w/tbg & pkr. RIH w/sub pmp, cable & 2-7/8" tbg. Set bottom of pmp @ 3422'. Tbg @ 3372'. HU electricity. Turn well on.

-11/31-90 Pumping.

4-1-90 24 hr. Test: 35 BO 926 BW.

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

SIGNATURE Bonnie Atwater TITLE Production Technician DATE 5-3-90

TYPE OR PRINT NAME Bonnie Atwater

TELEPHONE NO. 915/685-0878

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT I SUPERVISOR

TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAY 7 1990

RECEIVED

MAY 9 1990

OF
NOBBS OFFICE