

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.

30-025-30290

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

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 ☐

GAS
WELL ☐

OTHER Water Injection

2. Name of Operator

Sirgo Operating, Inc.

3. Address of Operator

P.O. Box 3531, Midland, Texas 79702

7. Lease Name or Unit Agreement Name

West Dollarhide Queen Sand
Unit

8. Well No.

128

9. Pool name or Wildcat

Dollarhide Queen

4. Well Location

Unit Letter N : 660 Feet From The South Line and 2175 Feet From The West Line

Section 19 Township 24S Range 38E 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: Spud, Set & cmt surf & prod csg. ☒

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.

- 1-13-90 Spud to 416'. RIH w/8-5/8" csg to 416'. Cmt w/250 sx. Class "C". *woc 12 hrs*
Circ 60 sx. *Rule 107 requires 18 hrs.*
- 1-14-90 Tested csg to 500# for 30 min. - okay.
- 1-19-90 TD 3950'. RIH W/5-1/2" csg. to 3950'. Cmt w 800 sx PSL & tail *woc 55 1/4 hrs*
w/300 sx. Class "C". Circ 103 sx.

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 2-26-90

TYPE OR PRINT NAME Bonnie Atwater

TELEPHONE NO. 915/685-0878

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAR 01 1990