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. |
| --- |
| 30-025-03229 |

5. Indicate Type of Lease STATE [X]   FEE [ ]

6. State Oil & Gas Lease No.
E 8183-84

## 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 Pearl Queen Unit

1. Type of Well:
OIL WELL [X]   GAS WELL [ ]   OTHER

2. Name of Operator

Sirgo Operating, Inc.

8. Well No.
124

3. Address of Operator

P.O. Box 3531, Midland, Texas   79702

9. Pool name or Wildcat
Pearl Queen

4. Well Location

Unit Letter __O__ : __660__ Feet From The __South__ Line and __1980__ Feet From The __East__ Line

Section __28__   Township __19S__   Range __35E__   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:____Cover pits____ [XX]

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.

9-14-89   The working pit on the subject well was cut and dried, then buried and smoothed over as per your request.

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

SIGNATURE _____ TITLE __Vice-President__ DATE __10-4-89__

TYPE OR PRINT NAME                                                TELEPHONE NO.

OCT 1 0 1989

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: