Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICTI

OIL CONSERVATION DIVISION TOWARD

P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2088		WELL API NO.
DISTRICT II	Santa Fe, New Mexico 87504-2088		30-025-05555
P.O. Drawer DD, Ariesia, NM 88210		5. Indicate Type of Lease STATE FEE X	
DISTRICT III 1000 Rio Brazos Rd., Azlec, NM 87410			6. State Oil & Gas Lease No.
	S AND REPORTS ON WELLS	Ė	
	SALS TO DRILL OR TO DEEPEN OR NR. USE "APPLICATION FOR PERMIT I) FOR SUCH PROPOSALS.)		7. Lease Name or Unit Agreement Name
1. Type of Well: OIL CAS WELL X WELL X	OTHER		East Eumont Unit
2 Name of Operator Sirgo Operating, In	2.0		8. Well No.
3. Address of Operator	ic.		24
PO Box 3531, Midlar	nd TY 79702		9. Pool name or Wildcat
4. Well Location	14, 17 75702		Eumont-Yates-SR-Q
Unit Letter P: 660	Feet From The South	_ Line and660	Feet From The East Line
Section 4	Township 19S Range	37E - N	MPM Lea County
	10. Elevation (Show whether DF, F	CKB, RT, GR, etc.)	
	3683' GR		
11. Check Ap	propriate Box to Indicate Natu	ire of Notice, Rej	port, or Other Data
NOTICE OF INTE		-	EQUENT REPORT OF
PERFORM REMEDIAL WORK	PLUG AND ABANDON RE	MEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS CO	MMENCE DRILLING (
PULL OR ALTER CASING			
- · · · · · · · · · · · · · · · · · · ·		SING TEST AND CEM	
OTHER:	OT	HER: Tempor	arily Abandon Set CIBP 🖾
 Describe Proposed or Completed Operations work) SEE RULE 1103. 	(Clearly state all pertinent details, and give	s persinens dases, includin	ig estimated date of starting any proposed
7-22-92 MIRU PU. PO	OH w/rods, pump & ta	og. RIH on w	vireline 4-1/2" CIBP.
Set CIBP @	3220'. Fill casing	to surface	with treated fluids.
Move all ed	uipment off location	n and clean	up.
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I hereby certify that the information above is true and	complete to the post of my knowledge and belief.		-

(This space for State Use) Urig. Signed by Paul Kautz Geologist	AUG 1 3 '92
TYPEOR PRINT NAME Victor J. Sirgo	915/685-0878 TELEPHONE NO.
SIGNATURE Wice-Pr	resident B-10-92
I hereby certify that the information above is true and complete to the pest of my knowledge and belief.	

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY ---