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## State of New Mexico

Form C-103

Energy, Minerals and Natural Resources Department Revised 1-1-89 District Office OIL CONSERVATION DIVISION DISTRICT WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-025-05702 Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE FEE 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. B - 2461SUNDRY NOTICES AND REPORTS ON WELLS ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: East Eumont Unit WELL X OTHER 2. Name of Operator 8. Well No. Sirgo Operating, Inc. 65 3. Address of Operator 9. Pool name or Wildcat PO Box 3531, Midland, TX 79702 Eumont-Yates-SR-Q Well Location 660 North Unit Letter Feet From The Line and 1980 Feet From The East Line Section Township 19S 37E Range Lea County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3617' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB OTHER: Temporarily Abandon OTHER: ΧX 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. 7-14-92 MIRU PU. POH w/rods, pump & tbg. RIH on wireline 5-1/2" CIBP. Set CIBP @ 3723'. 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	DATE 7-22-92
TYPEORPRINTNAME Victor J. Sirgo	915/685-0878 TELEPHONE NO.
(This space for State Use)	
APPROVED BY SIGNED BY JERRY SEXTOM  APPROVED BY SIGNED BY JERRY SEXTOM	JUL 26 89
CONDITIONS OF APPROVAL IF ANY:	DATE