

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. 30-025-05849 ✓
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. B-935
7. Lease Name or Unit Agreement Name East Eumont Unit
8. Well No. 118
9. Pool name or Wildcat Eumont-Yates-SR-Q
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3599' DF

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 ☐

2. Name of Operator
Sirgo Operating, Inc.

3. Address of Operator
P. O. Box 3531, Midland, Tx. 79702

4. Well Location
Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line
Section 1 Township 20S Range 37E NMPM Lea County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: <u>Temporarily Abandon</u> ☒

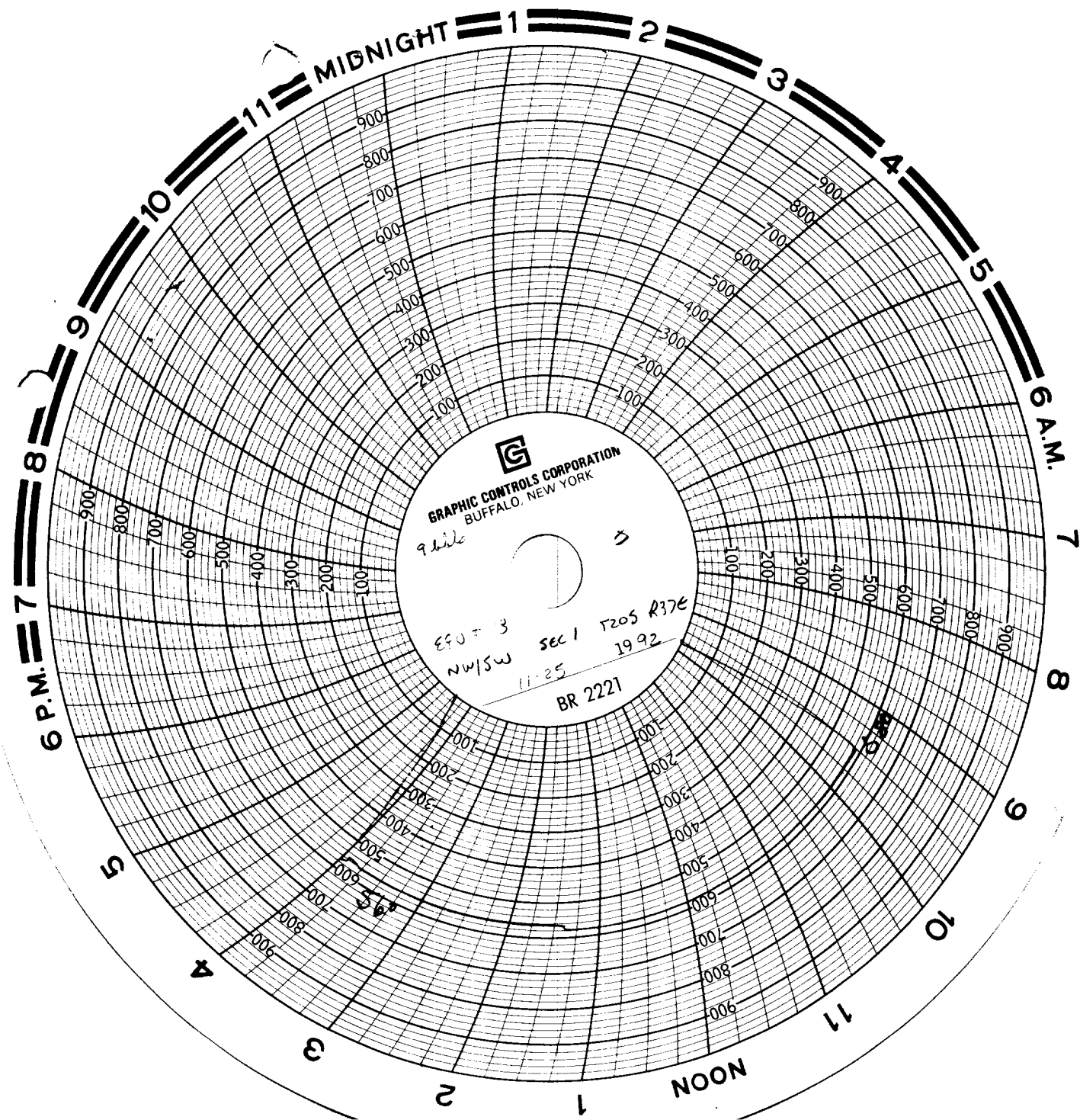
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

11-25-92 Load and test casing/CIBP to 560#-580 for 30 minutes, okay.
Chart attached.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE Victor J. Sirgo TITLE Vice-President DATE 1-4-93
TYPE OR PRINT NAME Victor J. Sirgo TELEPHONE NO. 915/685-0878

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

This Approval of Temporary
Abandonment Expires 12-1-97



RECEIVED
JAN 07 1993
OSD HOBBS OFFICE