Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

חופדשופדו

OIL	CO	NSE	ER'	VA	TI	NC	DI	VISI	[ON

P.O. Box 1980, Hobbs, NM 88240	WELL API NO.
P.O. Box 2088 DISTRICT II Santa Fe, New Mexico 875	04-2088 30-025-16696
P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	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 I	PLUG BACK TO A 7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.)	Skelly Penrose "B" Unit
1. Type of Well:	Skelly leniose B onit
OIL OAS WELL OTHER	
2. Name of Operator	8. Well No.
Sirgo Operating, Inc. 3. Address of Operator	9. Pool name or Wildcat
P.O. Box 3531, Midland, Texas 79702	Langlie Mattix - Sf QN 63
4. Well Location	
Unit Letter M: 660 Feet From The South	Line and 660 Feet From The West Line
Section 9 Township 23S Range	37E NMPM Lea County
Section 10whamp 233 Kange	KB, RT, GR, etc.)
//////////////////////////////////////	
11. Check Appropriate Box to Indicate Natu	re of Notice, Report, or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON RE	MEDIAL WORK X ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS CO	MMENCE DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CA	SING TEST AND CEMENT JOB
OTHER:	HER:
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give work) SEE RULE 1103.	pertinent dates, including estimated date of starting any proposed
5-3-89 Found leak on 8-5/8" csg.	
5-10-89 Pump 50 sx. premium w/2% CaCl ₂ , squeeze	did not hold.
5-12-89 Pump 200 sx. premium w/10% Calseal 2% C 5-15-89 Run GR-CBL found free pipe at 1494'.	
6-23-89 Perf @ 1450' 3 SPF. Set pkr @ 1184'. Pur	
left 5 sx of cmt in csg from 1450' up to	o 1400'. Circ 60 sx. to pit. SION.
6-26-89 Squeeze job successful. Release pkr & 3	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE TISTED TITLE	Vice-President pare 7-7-89
TYPE OR PRINT NAME	TELETIONE NO.
(This space for State Use)	1111 1 1 1000

DISTRICT I SUPERVISOR

JOL T T 1288