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

CONDITIONS OF APPROVAL, IF ANY:

## OIL CONSERVATION DIVISION WELL ARENO

Revised 1-1-8

P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088	30-025-30236
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No.
1000 RO Brazos Rd., Aziec, NM 8/410	B-9312
SUNDRY NOTICES AND REPORTS ON WELLS	
( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BAC	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	West Dollarhide Queen Sand
1. Type of Well:  OIL GAS WELL XX WELL OTHER	Unit
2. Name of Operator	8. Well No.
Sirgo Operating, Inc.	115
3. Address of Operator	9. Pool name or Wildcat Dollarhide Queen
P.O. Box 3531, Midland, Texas 79702  4. Well Location	Dollariilde Queen
	1 1210 Feet From The West Line
Section 5 Township 25S Range 38E	NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GI	
3124' GR	<u> </u>
11. Check Appropriate Box to Indicate Nature of N	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL V	YORK X ALTERING CASING
	DRILLING OPNS.  PLUG AND ABANDONMENT
	ST AND CEMENT JOB L
OTHER: OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent work) SEE RULE 1103.	dates, including estimated date of starting any proposed
2-25-90 MI&RU PU. RU cable spooler. POH w/tbg, cable	e, sub-pmp & motor. RIH w/5-1/2"
treating pkr & 2-7/8" tbg. Leave pkr swingir	ig. Flange up & Slow.
2-26-90 Pump 1000 gal 15% HCL NEFE acid to pickle th	og. Reverse out acid. Set pkr.
Load & test csg to 500# for 30 mi	h - okay. Acidize zone w/1900 4 bbls brine gel. Swab back load.
POH w/tbg & pkr. RIH w/motor, sub-pump, cab.	le & tbg. Set 3N@3455' +ha@3453'
Hang well on & start pumping.	
-27/3-2-90 Testing	
3-3-90 TEST: 60 BO 1272 BW .3 MCF	
I hereby certify that the information above ja true, and complete to the best of my knowledge and belief.	
	tion Technician pare 4-10-90
SIGNATURE AND ADDRESS OF THE PROPERTY OF THE P	DATE
TYPE OR PRINT NAME Bonnie Atwater	TELEPHONE NO. 915/685-087
(This space for State Use)	4000
State Article Control of State Article	APR 1 3 1990
APPROVED BY TITLE	DATE