

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. 30-025-30272
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-10272
7. Lease Name or Unit Agreement Name West Dollarhide Queen Sand Unit
8. Well No. 134
9. Pool name or Wildcat Dollarhide Queen

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator Sirgo Operating, Inc.
3. Address of Operator P.O. Box 3531, Midland, Texas 79702	4. Well Location Unit Letter <u>A</u> : <u>330</u> Feet From The <u>North</u> Line and <u>1080</u> Feet From The <u>East</u> Line Section <u>6</u> Township <u>25S</u> Range <u>38E</u> NMPM <u>Lea</u> County <u></u>
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3115' GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

3-10-90 MI&RU PU. RIH w/tbg, bit & scraper. Circ well clean to TD (3992').
POH w/bit, tbg & scraper. RIH w/114 jts of 2-7/8" tbg to 3521'. SN @
3522'. Flange up wellhead & install safety valve. SION.

3-11-90 No Activity.

3-12-90 RIH w/2-1/2" x 2" x 16' RWAC pump. Space out & hang on.

3-13-90 Start pumping.

3-14/21-90 Testing

3-22-90 TEST: 31 BO 1 BW .5 MCF

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Bonnie Atwater TITLE Production Technician DATE 4-10-90

TYPE OR PRINT NAME Bonnie Atwater

TELEPHONE NO. 915/685-0878

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT I SUPERVISOR TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

APR 10 1990