Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

- DATE -

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION		WELL API NO.
	P.O. Box 2088 Santa Fe, New Mexico 87504-2088		30-025-12268
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Salita Fe, New Mexico	3 87304-2088	5. Indicate Type of Lease STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aziec, 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 PLUG BACK TO A			
			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:			Unit
OIL GAS WELL OTHER Water Injection			
2. Name of Operator			8. Well No.
Sirgo Operating, Inc. 3. Address of Operator			2.0 9. Pool name or Wildcat
P.O. Box 3531, Midland, Texas 79702			Dollarhide Queen
4. Well Location			
Unit Letter N: 467	Feet From TheSouth	Line and2310	Feet From The West Line
Section 30	Township 24S	Range 38E	NMPM Lea County
	10. Elevation (Show whether	er DF, RKB, RT, GR, etc.)	
	////\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	N-4 CN-4' D	
	ppropriate Box to Indicate	•	•
NOTICE OF INTE	=N110N10:	50B	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
EMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT			OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CEMENT JOB			MENT JOB
OTHER:		OTHER: Clean	out
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	xas (Clearly state all pertinent details,	and give pertinent dates, include	ling estimated date of starting any proposed
POH w/2-3/8" tbg sulfide @ 3559'. & inj pkr & set gal 15% NEFE aci D iklor-S chemica	. RU reverse unit. R Drill to PBTD (3914 @ 3507.94'. Circ w/1 d. Pad acid w/3 bbls l. Pad w/3 bbls wtr.	IH w/bit, DC & th '). Circ hole cle 00 bbls 2% KCL. S wtr. Mix & pump Follow w/1500 ga wtr. SI for 1 ha	Perfs completely covered. bg. Start drlg on iron ean. POH. RIH w/2-3/8" tbg Set pkr. Treat well w/1000 150 bbls 2% KCL w/3000 ppm al 15% HCL-NEFE acid. Displace r & place back on injection.
I hereby certify that the information above is true a SIGNATURE TYPE OR PRINT NAME			echnician · DATE 2-1-90 TELETHONE NO.
(This space for State Use) ORIGINAL SIGNED BY I	IERAY SEKTON		FEB 0 5 1990

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APPROVED BY -