

Submit 2 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.

30-025-12269

5. Indicate Type of Lease

STATE ☐

FEE ☒

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
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER Water Injection

2. Name of Operator

Sirgo Operating, Inc.

3. Address of Operator

P.O. Box 3531, Midland, Texas 79702

8. Well No.

13

9. Pool name or Wildcat

Dollarhide Queen

4. Well Location

Unit Letter K : 1650 Feet From The South Line and 2310 Feet From The West Line

Section 30 Township 24S Range 38E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3109' 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: Injection Clean Out ☒

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.

8-8-90 MI&RU PU. Unset pkr. Tag fill @ 3546'. RU reverse unit. POH w/tbg & pkr. RIH w/bit, 2 DC & tbg. Clean out to 3845'. Circ clean. POH & LD bit & DC. RIH w/AD-1 pkr, SN & 112 jts 2-3/8" IPC tbg to 3505'. Circ pkr fluid. Set & test pkr. RU & acidize w/2750 gal SWIC acid in 2 stages. Place back on injection. Injecting 590 BW w/1300#.

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

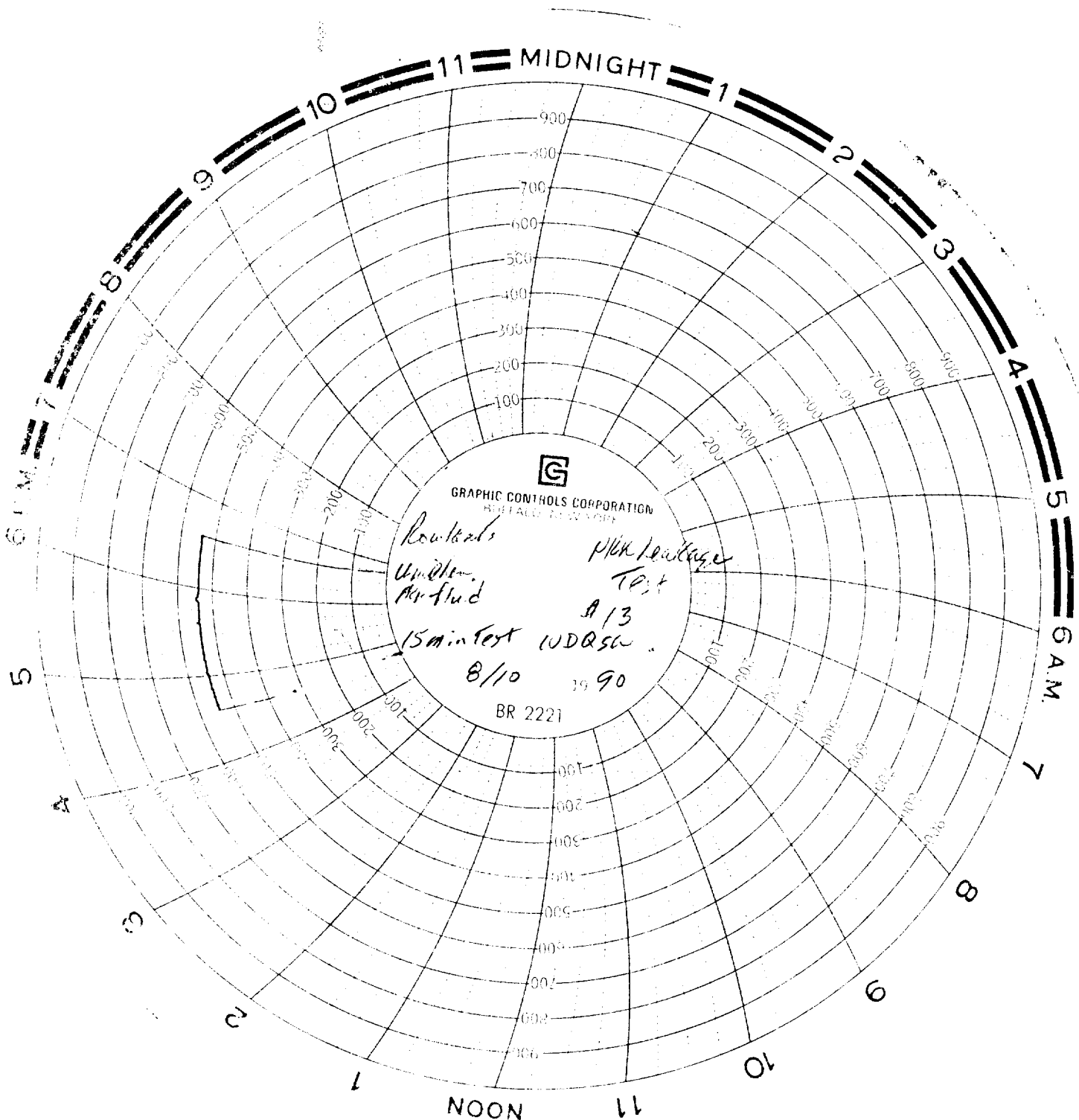
SIGNATURE Bonnie Atwater TITLE Production Technician DATE 8-29-90

TYPE OR PRINT NAME Bonnie Atwater TELEPHONE NO. 915/685-0878

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

Rowlands
Uniden.
Art. Hud
15 min Test INDRSC
8/10 1990
BR 2221

PLK/Leakage
Test
A13