

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☐ Fee ☒

5. 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water injection well	7. Unit Agreement Name West Dollarhide Queen Sand Unit
2. Name of Operator Sirgo-Collier, Inc.	8. Form or Lease Name
3. Address of Operator P. O. Box 3531, Midland, Texas 79702	9. Well No. 13
4. Location of well UNIT LETTER <u>K</u> <u>1650</u> FEET FROM THE <u>South</u> LINE AND <u>2310</u> FEET FROM THE <u>West</u> LINE, SECTION <u>30</u> TOWNSHIP <u>24S</u> RANGE <u>38E</u> N.M.P.M.	10. Field and Pool, or Wildcat Dollarhide Queen
11. Elevation (Show whether DF, RT, GR, etc.) 3109' GR	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Set and test packer

17. 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.

4-18-88 Ran 111 joints of 2-3/8" IPC tubing with Baker AD-1 Packer set at 3509'.
Circulated packer fluid and tested packer to 1000# for 30 minutes.
Placed on injection 4-18-88.

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

SIGNED Amy L. Whitley TITLE Agent DATE June 24, 1988

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

✓ ✓ ✓
B N R

E

