

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. | 30-025-12288 |
| 5. Indicate Type of Lease | STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 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

4. Well Location
Unit Letter I : 2310 Feet From The South Line and 660 Feet From The East Line

Section 31 Township 24S Range 38E NMPM Lea County

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

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: Clean out well ☒

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.

11-10-89 RU coil tbq unit & jet wash tbq & csg to TD (3950').
Put on injection.

11-11/12-89 Injecting @ 275 BWPD @ 1200#.

12-13-89 RU kill truck & acidize w/6 bbls 15% NEFE acid & flush
w/30 bbls fresh wtr. SI. Return to injection.

Injecting: 255 BWPD @ 1150#.

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

SIGNATURE Bonnie Otwater TITLE Production Technician DATE 12-5-89

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

DEC 07 1989