

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.  
30-025-12290

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

4. Well Location  
Unit Letter O : 330 Feet From The South Line and 1650 Feet From The East Line

Section 31 Township 24S Range 38E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3121' DF

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 & reverse unit. Unset pkr & tag fill @ 3533'. POH. RIH w/3-7/8" bit & two 3-1/8" DC. Clean out to 3890'. POH & LD bit & DC. RIH w/pkr, SN & 11r jts of 2-3/8" IPC tbg. Pump pkr fluid. Set & test pkr @ 3522'. RU & acidize w/2500 gal SWIC acid in 2 stages. Put back on injection. Injecting 650 BW @ 1300#.

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

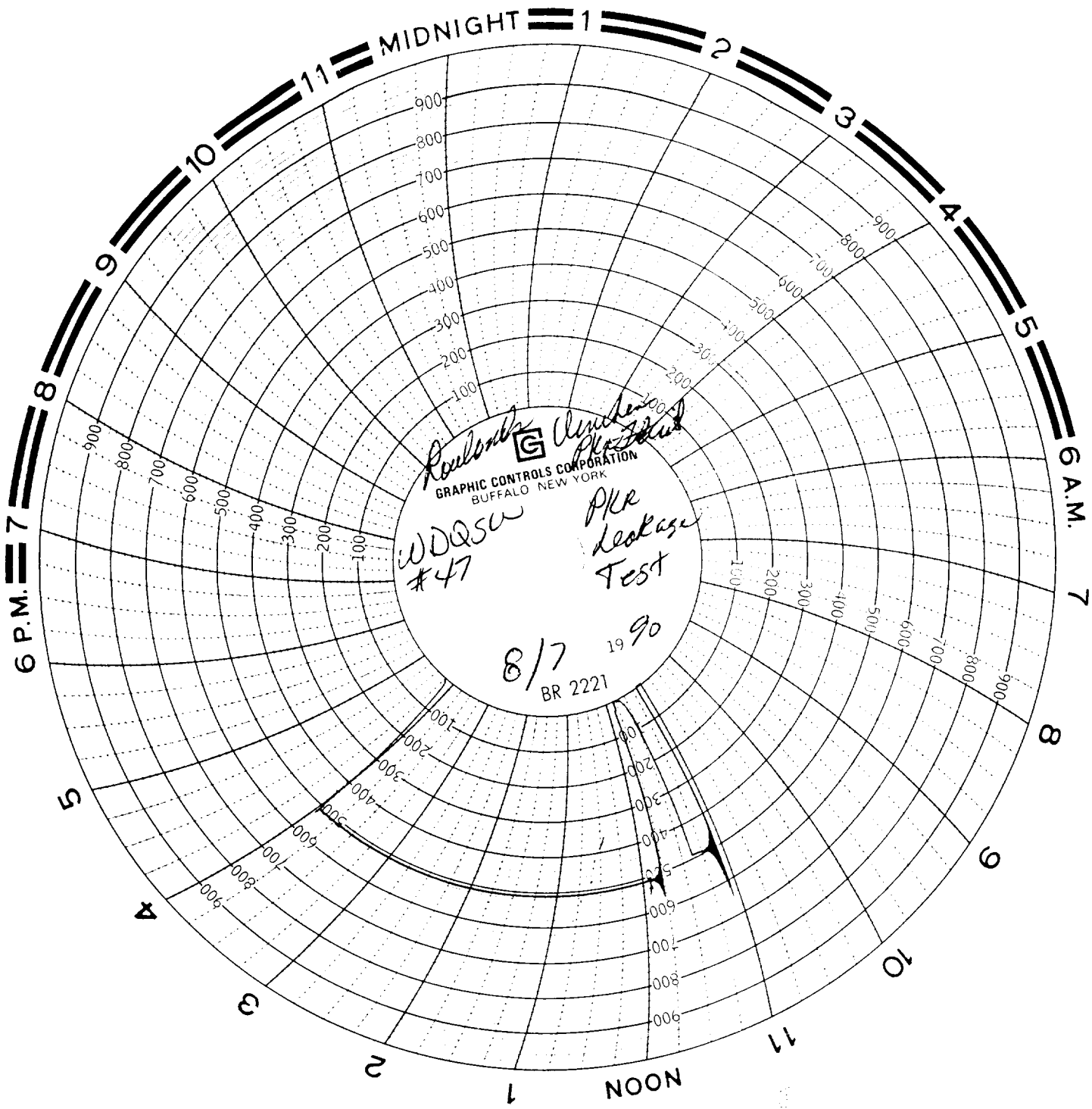
SIGNATURE Bonnie Atwater TITLE Production Technician DATE 8-29-90

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:



*Roulon*  
**GRAPHIC CONTROLS CORPORATION**  
BUFFALO NEW YORK  
*WDQSW #47*  
*PRR Leakage Test*  
*8/7 1990*  
*BR 2221*