

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-73

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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 DEEPLN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL <input type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER- Water injection	7. Unit Agreement Name West Dollarhide Queen Sand Unit
Name of Operator Sirgo-Collier, Inc.			8. Farm or Lease Name
Address of Operator P.O. Box 3531, Midland, Texas 79702			9. Well No. 34
Location of Well UNIT LETTER K 2260 FEET FROM THE South LINE AND 2309 FEET FROM THE West LINE, SECTION 31 TOWNSHIP 24S RANGE 38E N.M.P.M.			10. Field and Pool, or Wildcat Dollarhide Queen
11. Elevation (Show whether DF, RT, GR, etc.) 3127' GR			12. County Lea

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 ☐
FULL OR ALTER CASING ☐ OTHER return to water injection ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOBS ☐ OTHER ☐

7. 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.

Sirgo-Collier, Inc. plans to re-enter and deepen to 4000' this shut-in Queen water injection well. New 4-1/2" casing will be run to TD and cemented to surface. The Queen zone will be selectively perforated and acidized, and a Baker Ad-1 packer will be run on 2-3/8" tubing, set approximately 100' above the top perf.

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

SIGNED Bonnie Atwater TITLE Agent DATE 9-19-88

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

PROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: