## State of New Mexico Energy, Muncrals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II  OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088			WELL API NO.
			30-025-12322
P.O. Drawer DD, Artesia, NM 88210	,		5. Indicate Type of Lease STATE XX FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. B-9613
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.)			7. Lease Name or Unit Agreement Name West Dollarhide Queen Sand
1. Type of Well: OIL OAS WELL OTHER WELL OTHER LABORATION			Unit
2. Name of Operator	_		8. Well No.
Sirgo Operating,	Inc.		9. Pool name or Wildcat
3. Address of Operator P.O. Box 3531, Midland, Texas 79702			Dollarhide Queen
4. Well Location	arana, renas ,,,,,		
Unit LetterE :23	10 Feet From The North	Line and 330	Feet From The West Line
Section 32	Township 24S Ra	unge 38E 1	NMPM Lea County
Section 32	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)	
11. Check	Appropriate Box to Indicate 1	Nature of Notice, Re	port, or Other Data
NOTICE OF IN	TENTION TO:	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT X
PULL OR ALTER CASING	<del></del> -	CASING TEST AND CE	MENT JOB
OTHER:		OTHER:	
12. Describe Proposed or Completed Oper work) SEE RULE 1103.	rations (Clearly state all pertinent details, as	nd give pertinent dates, includ	ling estimated date of starting any proposed
CR . Spot 5 Perf @ 2540 POH. Perf @	sx on top. Circ hole w '. RIH Set CR @ 2440'. 1250' RIH w/CR Set @ 1 Perf @ 350'. Bullhead ll	7/10.2 brine + 25 Squeeze 30 sx C1 150'. Squeeze 30	x Class C cmt. Pull out of 5# salt gel/bbl. POH. lass C cmt. Spot 5 sx on top. O sx. Class C cmt Spot 5 sx on face. Cut off wellhead &
SIGNATURE BANGUL L TYPE OR PRINT NAME	rue and complete to the best of my knowledge and		Technician date 1-31-90 TELEPHONE NO.
(This space for State Use)  APPROVED BY	elle T	ne	DATE
CONDITIONS OF APPROVAL, IF ANY:			

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