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

OIL CONSERVATION DIVISION
P.O. Box 2088

WELL API NO.	
30-025-30007	
5. Indicate Type of Lease	

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088		30-025-30007	
		5. Indicate Type of Lease	
DISTRICT III		STATE XX FEE	
1000 Rio Brazos Rd., Aztec, NM 87410		6. State Oil & Gas Lease No. B-9519	
SUNDRY NOTICES AND REPORTS ON W	FIIS		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		7. Lease Name or Unit Agreement Name	
DIFFERENT RESERVOIR. USE "APPLICATION FOR F (FORM C-101) FOR SUCH PROPOSALS.)	PERMIT"	7. Louis I valle of Olic Agreement I valle	
1. Type of Well:		West Dollarhide Queen Sand	
OIL GAS WELL OTHER		Unit	
2. Name of Operator		8. Well No. 84	
Sirgo Operating, Inc.		84	
3. Address of Operator		9. Pool name or Wildcat	
P.O. Box 3531, Midland, Texas 79702		Dollarhide Queen	
Unit Letter L : 2300 Feet From The South	Times 1000	Feet From The West Line	
Out Read rea rion the	Time and 1000	Feet From The West Line	
Section 29 Township 24S	Range 38E N	NMPM Lea County	
10. Elevation (Show wheth	•	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
3188' GF			
11. Check Appropriate Box to Indicate		_	
NOTICE OF INTENTION TO:	SUBS	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK X ALTERING CASING		
PULL OR ALTER CASING			
FOLL ON ALTER CASING	CASING TEST AND CEMENT JOB		
OTHER:	OTHER:		
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, work) SEE RULE 1103.	and give pertinent dates, includi	ing estimated date of starting any proposed	
3-9-90 MI&RU PU.POH w/rods & pump. SION.			
3-10-90 POH w/tbg & tbg anchor. RIH w/5-1/	2" hit & scraper	& the Clean & sire well	
Spot 5 bbls acid. Reverse acid out.	RIH w/SN & tbg.	Set SN @ 3814' & the @	
3812'. RIH $w/2-1/2'' \times 2'' \times 16'$ RWAC	pump & BHA. Spac	ee out & hang on. Start pumping.	
3-11-90 Testing	O Testing		
3-12-90 TEST: 21 BO 200 BW 1.2 MCF			
I hereby certify that the information above is true and complete to the best of my knowledge at	d belief.		
Bassia (Itilata	Production To	chairie / 10 00	

_ DATE 4-10-90 TILE Production Technician

Bonnie Atwater TYPE OR PRINT NAME

TELEPHONE NO. 915/685-0878

ORIGINAL SIGNED BY FREY SEXTON (This space for State Use) PICTUREY : 0.0 ERVISOR

- TITLE

APPROVED BY-CONDITIONS OF APPROVAL, IF ANY:

- DATE -