

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. 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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name West Dollarhide Queen Sand Unit
2. Name of Operator Sirgo-Collier, Inc.		8. Farm or Lease Name
3. Address of Operator P. O. Box 3531, Midland, Texas 79702		9. Well No. 99
4. Location of Well UNIT LETTER <u>0</u> <u>1130</u> FEET FROM THE <u>South</u> LINE AND <u>2110</u> FEET FROM THE <u>East</u> LINE, SECTION <u>31</u> TOWNSHIP <u>24-S</u> RANGE <u>38-E</u> NMPM.		10. Field and Pool, or Wildcat Dollarhide Queen
15. Elevation (Show whether DF, RT, GR, etc.) GL 3120' KB 3131.5'		12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <u>Change well number</u> <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. 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.

Request that original C-101 for well number 31-100 be amended to read well number 31-99.

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

SIGNED <u>Armen L. Lohr</u>	TITLE <u>Agent</u>	DATE <u>11-12-87</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>DISTRICT SUPERVISOR</u>	DATE <u>NOV 1 1987</u>
CONDITIONS OF APPROVAL, IF ANY:		