State of New Mexico Form C-103 Submit 3 Copies Energy, Minerals and Natural Resources Department to Appropriate District Office **Revised 1-1-89** OIL CONSERVATION DIVISION WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-025-30210 DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) West Dollarhide Queen Sand Type of Well: Unit GAS WELL WELL oner Water Injection 2. Name of Operator 8. Well No. Sirgo Operating, Inc. · 109 3. Address of Operator 9. Pool name or Wildcat P.O. Box 3531, Midland, Texas 79702 Dollarhide Queen 4. Well Location Unit Letter D: 750 Feet From The North 500 Feet From The West Line and _ Line 32 24S Section Township hip 24S Range 38E 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 38E Lea **NMPM** County 3164' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB OTHER: Finish completion & prep to Inject XX OTHER: 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. MIRU PU. Perf Lower Queen. Run packer in tubing & acidize. Flow & swab back acid. 2. Pull tubing and packer. Set RBP above Lower Queen. 3. Perf Upper Queen. Run packer on tubing and acidize. Flow and swab back acid. 4. Pull packer and RBP. 5. Run injection packer on plastic coated tubing. Set packer 100' above top perf. Test backside to 500 psi for 30 minutes. Place well on injection.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. Production Technician DATE SIGNATURE TELEPHONE NO. TYPE OR PRINT NAME Orig. Signed by (This space for State Use)

TITLE

APPROVED BY-

Paul Kautz Coclomist

MAY 1 7 1989

DATE

CONDITIONS OF APPROVAL, IF ANY: