

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-30253

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-9311

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. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
Sirgo Operating, Inc.

3. Address of Operator
P.O. Box 3531, Midland, Texas 79702

4. Well Location
Unit Letter J : 1340 Feet From The South Line and 1590 Feet From The East Line

Section 32 Township 24S Range 38E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3174' GR 3185.5' KB

11. 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 ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Perf Upper Queen ☒

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.

7-12-89 MI&RU PU

7-13-89 Perf Upper Queen 3658-61, 63-66, 68-72, 77-79, 82-85. 3 SPF
60 holes. Acidize w/1500 Gal 15% HCL-NEFE acid. ISIP 1570#.
Frac w/7500 gal pad & 35,000# sand. ISIP 1780#.

7-14 to Well Shut In.
7-31-89

8-1-89 Set 2-7/8" tbg @ 3635'. Well flowing 5 BO & 400 BW.

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

SIGNATURE Bonnie Alwater TITLE Production Technician DATE 8-11-89

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

AUG 14 1989

APPROVED BY DISTRICT I SUPERVISOR

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

AUG 14 1989

OCD
HOBBS OFFICE