Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICTI P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe. New Mexico 87504-2088

WELL API NO. 30-025-30287 5. Indicate Type of Lease STATE FEE L

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 B - 9613SUNDRY 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 onex Water Injection WELL [WELL 8. Well No. 2. Name of Operator 110 Sirgo Operating, Inc. 9. Pool name or Wildcat 3. Address of Operator Dollarhide Queen P.O. Box 3531, Midland, Texas 79702 4. Well Location _ Line and __1570 Feet From The West Line Unit Letter C: 820 Feet From The North 248 38E **NMPM** County 32 Township Range Section 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. TEMPORARILY ABANDON **CHANGE PLANS** CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHER: Spud, Set & Cmt Surf & Prod Csg. 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. Spud 12-1/4" hole to 415'. RIH w/8-5/8" 24# csg to 415'. Cmt w/250 sx. 2-21-90 Class "C" cmt. Circ 40 sx. Test csg to 500# for 30 min - tested okay. WOC 18-1/2 hrs. TD 7-7/8" hole to 3950'. RIH W/5-1/2" 17# & 15.5# csg to 3950'. 2-25-90 Cmt w/800 sx. PS Lite w/15# salt 1/4# flocele. Tail w/200 sx. Class 2-26-90 "C" cmt. Circ 130 sx. Release Rig. WOC 24 hrs. Prepare to complete. I hereby certify that the information above is true and complete to the best of my knowledge and belief. mme Production Technician __ DATE __3-13-90 SIONATURE Bonnie Atwater TYPE OR PRINT NAME

TELETHONE NO. 915/685-0878

(This space for State Use)

APTROVED BY

ORIGINAL SIGNED BY JERRY SEXTOM

DISTRICT I SUPERVISOR

DATE

CONDITIONS OF AFPROVAL, IF ANY: