Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

L API NO.	 	

P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088	WELL AFINO.			
DISTRICT II Santa Fe, New Mexico 8	1U-U/3-1U/93			
P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATEXX FEE			
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No. B-9613			
SUNDRY NOTICES AND REPORTS ON WELL				
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN C DIFFERENT RESERVOIR. USE "APPLICATION FOR PERM (FORM C-101) FOR SUCH PROPOSALS.)	AIT"			
i. Type of Well: OIL GAS	West Dollarhide Queen Sand Unit			
2. Name of Operator	8. Well No.			
Sirgo Operating, Inc.	135			
3. Address of Operator P.O. Box 3531, Midland, Texas 79702	9. Pool name or Wildcat Dollarhide Queen			
4. Well Location				
Unit Letter F : 2100 Feet From The North	Line and 1630 Feet From The West Line			
C	29E NAME LOS COURTS			
Section 32 Township 24S Rang	e 38E NMPM Lea County			
3167'	GR //////			
11. Check Appropriate Box to Indicate N	ature 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. DLUG AND ABANDONMENT			
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB			
OTHER:	OTHER: Spud, cmt surf & prod string XX			
<ol> <li>Describe Proposed or Completed Operations (Clearly state all pertinent details, and work) SEE RULE 1103.</li> </ol>	give persinent dates, including estimated date of starting any proposed			
7-6-89 Spud w/12-1/4" bit to 415'. Ran 13 j Cmt'd w/250 sx. Class "C" cmt. Circ.				
7-7-89 WOC 18 hrs. Test BOP & csg to 800#	7-89 WOC 18 hrs. Test BOP & csg to 800# for 30 min. Tested okay.			
7-12-89 Ran 129 jts of 5-1/2 15.50# csg & se & tail w/200 sx. Class "C" cmt. Cir				
I hereby certify that the information above is true and complete to the best of my knowledge and be	lief.			
SIGNATURE DONNIE CHIVATER TITLE	Production Technician 7-14-89			
TYPE OR PRINT NAME	TELEPHONE NO.			
(This space for State Use)  ORIGINAL SIGNED BY JERRY SEXTON  DISTRICT I SUPERVISOR	JUL 1 9 1988			
ORIGINAL SIGNED BY DISTRICT I SUPERVISOR APPROVED BY DISTRICT I SUPERVISOR	DATE			

RECEIVED

JUL 1 8 1989 HOBBS OFFICE