

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.

30-025-30297

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 Water Injection

2. Name of Operator

Sirgo Operating, Inc.

3. Address of Operator

P.O. Box 3531, Midland, Texas 79702

7. Lease Name or Unit Agreement Name

West Dollarhide Queen Sand
Unit

8. Well No.

140

9. Pool name or Wildcat

Dollarhide Queen

4. Well Location

Unit Letter K : 2150 Feet From The South Line and 1425 Feet From The West Line

Section 32

Township 24S

Range 38E

NMPM

Lea

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3157' GR

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: Place on Injection WFX-570 ☒

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.

3-1-90 RIH w/2-3/8" x 5-1/2" AD-1 pkr, SN & 2-3/8" tbg. Set pkr @ 3533', SN @ 3531' & tbg @ 3529'. Circ 100 bbls 2% KCL w/l drum WT-1270 pkr fluid. Load & test backside to 500# for 30 min. - tested okay. NU injection wellhead. SI.

-2/11-90 Waiting on injection line.

3-12-90 Lay injection line & test for leaks. - okay. Tie into header & SI.

3-13-90 No Activity.

3-14-90 Start injecting w/446 BWPD @ 1400# psi.

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

SIGNATURE Bonnie Atwater TITLE Production Technician DATE 4-5-90

TYPE OR PRINT NAME Bonnie Atwater

TELEPHONE NO. 915/685-0878

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE APR 12 1990

CONDITIONS OF APPROVAL, IF ANY:

