

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI-CAT®
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO

LC-029387

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Kenwood Federal

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT
Shugart (Y.SR.Q.GR.)

11. SEC., T., R., M. OR BLK. AND
SURVEY OR AREA

Sec. 19, T18S, R31E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

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—" for such proposals.)

OCT 20 '89

O. C. D.
ARTESIA, OFFICE

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Sirgo Operating, Inc.

3. ADDRESS OF OPERATOR

P.O. Box 3531, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

Unit K. 1650' FSL 1490' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOTING OR ACIDIZING

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Test Downhole Equipment

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

3-15-89 Ran Casing-Bradenhead test & witnessed. Tested to 350# - Tested okay.

OCT 17 10 48 AM '89
RECEIVED

18. I hereby certify that the foregoing is true and correct

SIGNED Bonnie Chuter

TITLE Production Technician

DATE 10-16-89

(This space for Federal or State office use)

(ORIG. SGD.) DAVID R. GLASS

APPROVED BY

CONDITIONS OF APPROVAL 10/19/89

TITLE

DATE

CARLSBAD, NEW MEXICO See Instructions on Reverse Side