

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instruction
reverse side)

Form approved.
Budget Bureau No. 1004-0035
Expires August 31, 1985

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.)

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 P, 660' FSL 660' FEL

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JAN 09 '89

O. C. D.
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO.
29-055648
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Keohane etal C Federal
9. WELL NO.
1
10. FIELD AND POOL, OR WILDCAT
Shugart (Y.SR.Q.G.)
11. SEC., T., R., M., OR BLM. AND
SURVEY OR AREA
Sec. 21, T18S, R31E
12. COUNTY OR PARISH
Eddy
13. STATE
NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANE ☐
(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐
(Other) Change operator name ☒

(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.)

As of November 1, 1988 Sirgo-Collier, Inc. will change its name to
Sirgo Operating, Inc.

RECEIVED

NOV 1 11 01 AM '88
CABLE NEWS SERVICE
ARTESIA, NM

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

SIGNED Bonnie C. Atwater TITLE Agent

DATE 10-17-88

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side