

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
(Other instruction on re-
verse side)

Form approved.
Budget Bureau No. 1004-013
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-029390-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Keohane etal B Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Shugart (Y.SR.Q.G.)

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

Sec. 28, T18S, R31E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

1. OIL ☐ GAS ☐ OTHER ☒ Water Injection
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 E, 1980' FNL 660' FWL

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JAN 09 '89

O. C. D.
ARTESIA, OFFICE

14. PERMIT NO.

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

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 COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(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.

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CARL
ARE...

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

SIGNED

Bonnie Atwater

TITLE Agent

DATE 10-17-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side