

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO

LC-029390-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

RECEIVED

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Sirgo Operating, Inc. ✓

OCT 20 '89

3. ADDRESS OF OPERATOR

P.O. Box 3531, Midland, Texas 79702

O. C. D.

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

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.GB.)

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

Sec. 28, T18S, R31E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

14. PERMIT NO.

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

3614.3' GL

16.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) Test Downhole Equipment ☒

(Other)

(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 a Casing-Bradenhead Test & had witnessed. Results Attached.

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

SIGNED Bonnie Attwater

TITLE Production Technician

DATE 10-16-89

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS

TITLE

DATE

CONDITIONS OF APPROVAL IN ANY

CARLSBAD, NEW MEXICO See Instructions on Reverse Side

NEW MEXICO OIL CONSERVATION DIVISION
CASING--BRADENHEAD TEST

FILE COPY

OPERATOR: SIRGO OPERATING, INC
FOOL: SHUGART Y SR ON GB
LEASE NAME: KEOHANE ET AL B FED
FOOTAGE N/S 1980/N SECTION
FOOTAGE E/W 660/W PRESS LMT
ORDER NO./DATE WFX 371 6/72
WELL NO 1 UNIT LTR E
28 TOWNSHIP 18S RANGE 31E
NL TYPE LEASE YG TYPE WELL W
DATE INJ. BEGAN NA

=====

TEST DATE	4/20/87	TEST TYPE	BH	PASS/FAIL	PASS		
OPERATOR REP:	0			OCD REP	JOHN R		
CASING	SIZE	SET AT TOP	CMT	CEMENTED	PRESSURE	REMARKS	
SURFACE	8 5/8	250	0	200	0	0	
INTERM	0	0	0	0	0	0	
PROD	4 1/2	3650	0	752	0	50	
LINER	0	0	0	0			
TUBING	2 3/8	0	0		1250	0	
REMARKS:	OK						
REPAIR LETTER DATE:		0 DATE REPAIRED			0 SNC		0

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TEST DATE	4/14/88 @ 1	TEST TYPE	BH	PASS/FAIL	PASS		
OPERATOR REP:	SIRGO			OCD REP	JOHN R		
CASING	SIZE	SET AT TOP	CMT	CEMENTED	PRESSURE	REMARKS	
SURFACE	8 5/8	250	0	200	0	0	
INTERM	0	0	0	0	0	0	
PROD	4 1/2	3650	0	752	0	0	
LINER	0	0	0	0			
TUBING	2 3/8	0	0		1200	0	
REMARKS:	OK						
REPAIR LETTER DATE:		0 DATE REPAIRED			0 SNC		0

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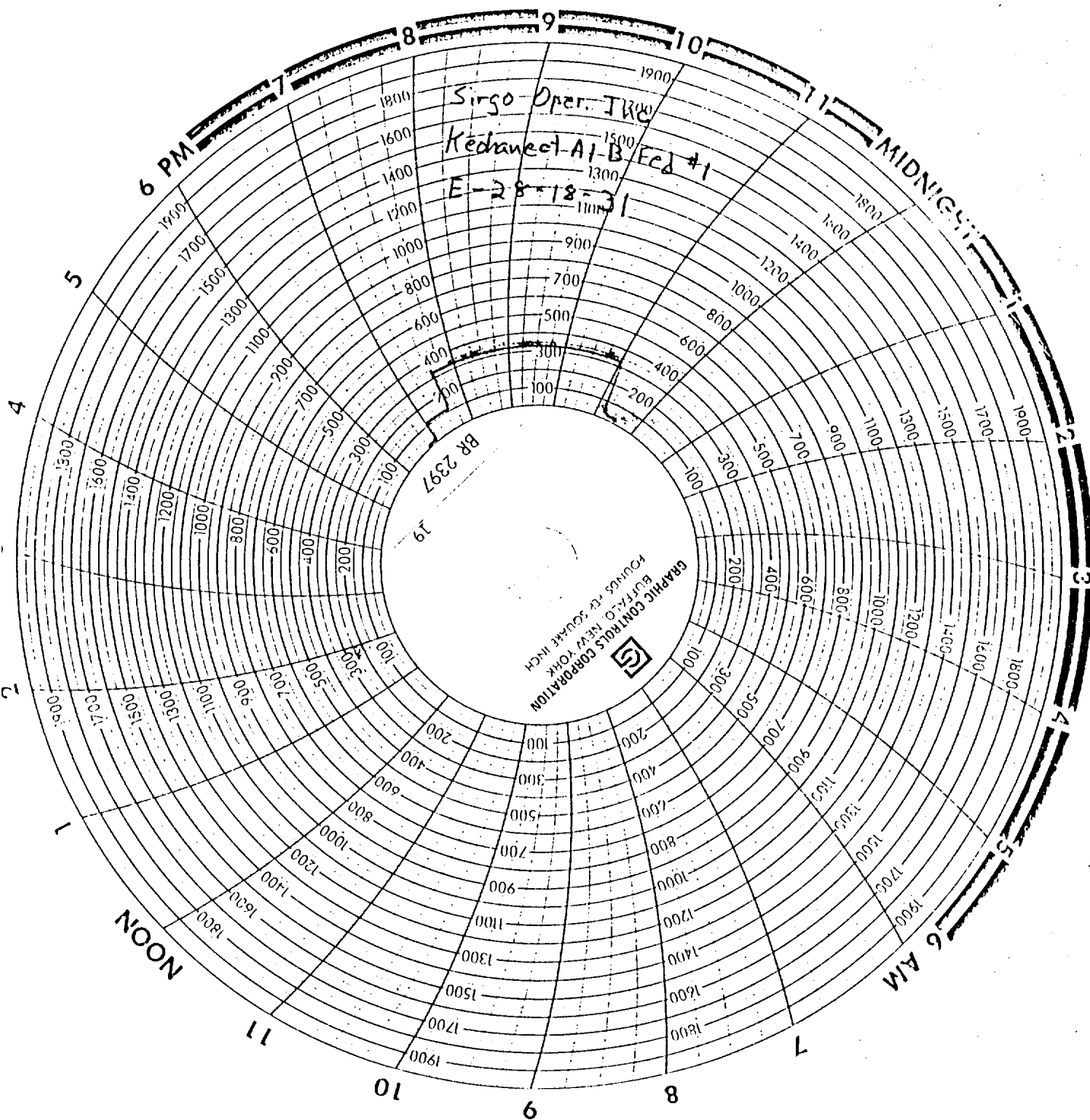
TEST DATE/TIME 3/15/89 @ 9 AM
OPERATOR REP: TEST TYPE MIT PASS FAIL
OCD REP DM

CASING	SIZE	SET AT TOP	CMT	CEMENTED	PRESSURE	REMARKS
SURFACE	8 5/8	250	0	200		
INTERM	0	0	0	0		
PROD	4 1/2	3650	0	752		
LINER	0	0	0	0		
TUBING	2 3/8	0	0			

REPAIR LETTER DATE: DATE REPAIRED 1150
REMARKS: SNC

Well has no
flow line
connections.

325 held OK.



Singo Oper. JRG
Kedaneet-A1-B Fcd #1
E-28-18-31

BR 2397
19

GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
INSTRUMENTS FOR SQUARE INCH

OIL CONSERVATION DIVISION
BRADENHEAD SURVEY TEST SCHEDULE

OPERATOR:

SIRGO OPERATING, INC
P.O. BOX 3531
MIDLAND TX 79702

DATE AND TIME OF TEST:

MARCH 15 AT 9:00 AM

NUMBER OF WELLS:

3

POOL NAME:

SHUGART Y SR QN GB

MEETING PLACE:

Oper. requested meet at → Shugart B#1 0-33-18-31
~~FIRST WELL ON LIST~~

LEASE-NAME

W# X UL SE TN RG

KENWOOD FED

Not Active 1 N 19 18S 31E 164 350 lbs. OK.

KEOHANE ET AL B FED

Not Active 1 E 28 18S 31E 164 325 lbs. OK.

SHUGART B

Not Active 1 O 33 18S 31E 164 300 lbs. OK. TH.