

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Form approved.  
Budget Bureau No. 1004-0138  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-12211

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Shugart B

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. 33, T18S, R31E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

1. 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

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

O. C. D.

ARTESIA, OFFICE

Unit 0, 330' FSL 2310' FEL

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 ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐

MULTIPLE COMPLETION ☐

ABANDON\* ☐

CHANGE PLANE ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other)

Change operator name

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

X

(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

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RECEIVED FOR RECORD

11

RECEIVED FOR RECORD

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

SIGNED

Bonnie Ottaviano

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