

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

(Other instructions on reverse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-09083-B

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.)

JUN 03 '88

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Sirgo-Collier, Inc.	8. FARM OR LEASE NAME Battery
3. ADDRESS OF OPERATOR P.O. Box 3531, Midland, Texas 79702	9. WELL NO. 1XY
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit G, 2310' FNL, 2260' FEL, Sec. 5, T19S, R31E, Eddy County, New Mexico	10. FIELD AND POOL, OR WILDCAT Shugart (Y.SR.Q.G.)
14. PERMIT NO.	11. SEC. T., S., M., OR BLK. AND SURVEY OR AREA Unit G, Sec. 5, 19S 31E
15. ELEVATIONS (Show whether DF, RT, GK, etc.)	12. COUNTY OR PARISH Eddy
	13. STATE NM

16. 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 PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Change of Operator.

(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.)*

Change of operator from Point Petroleum Corporation to
Sirgo-Collier, Inc. effective 5-1-87.

RECEIVED
MAY 20 11 10 AM '88
CARLSBAD
COUNTY
CLERK'S

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

SIGNED Bonnie ChaviraTITLE AgentDATE 5-19-88

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

MAY 27 1988

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO