

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instruction
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

LC-069033

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Featherstone Federal B

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Shugart (Y.SR.Q.G.)

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

Sec. 5, T19S, R31E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

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 K, 2310' FSL, 2310' FWL

14. PERMIT NO.

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

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 operator name

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

NOV 11 11 00 AM '88
CARRIZO
AREA

ACCEPTED FOR RECORD

NOV 11 1988

CARRIZO, NEW MEXICO

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

SIGNED

Bonnie Alvarado

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