

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP DATE
(Other instruction on re-
verse side)

Budget Bureau No. 1001-0135
Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO. *dsf*
LC-029387-D
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.)

1. ☒ 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.) **ARTESIA OFFICE**
At surface
Unit N, 330' FSL 2154' FWL

7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Kenwood Federal
9. WELL NO.
1
10. FIELD AND POOL, OR WILDCAT
Shugart (Y.SR.Q.GR.)
11. SEC., T., R., M., OR BLK. AND
SURVEY OR ARMA
Sec. 19, T18S, R31E
12. COUNTY OR PARISH
Eddy
13. STATE
NM

14. PERMIT NO.
15. ELEVATIONS (Show whether OF, RT, GR, etc.)

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) Test Dwonhole Equipment ☒
REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(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 C. Waters

TITLE Production Technician

DATE 10-16-89

(This space for Federal or State office use)

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

CONDITIONS OF APPROVAL 10-16-89

TITLE

DATE

CARLSBAD, NEW MEXICO

*See Instructions on Reverse Side