

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

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 5. LEASE DESIGNATION AND SERIAL NO. 14-20-603-2200A |
| 2. NAME OF OPERATOR Sirgo Operating, Inc. | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo |
| 3. ADDRESS OF OPERATOR PO Box 3531, Midland, TX 79702 | | 7. UNIT AGREEMENT NAME NW Cha Cha Unit |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit A, 720 FNL 350 FEL | | 8. FARM OR LEASE NAME |
| 14. PERMIT NO. 30-045-0814200 | | 9. WELL NO. 11 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5198' GR | | 10. FIELD AND POOL, OR WILDCAT Cha Cha Gallup |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 20 T29N R14W |
| | | 12. COUNTY OR PARISH Lea |
| | | 13. STATE NM |

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

NOTICE OF INTENTION TO:

| | |
|---|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> |
| REPAIR WELL <input checked="" type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| (Other) <input type="checkbox"/> | |

SUBSEQUENT REPORT OF:

| | |
|--|--|
| WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| (Other) <input type="checkbox"/> | |

(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.) *

Pursuant to your request (letter dated October 5, 1992) the flowline will be replaced and the oil stained dirt around the area will be cleaned up on November 15, 1992.

RECEIVED
OCT 19 1992
OIL OPERATIONS
BLM

DE
OCT 19 1992
OIL OPERATIONS
BLM

RECEIVED
BLM
92 OCT 19 AM 11:32
019 FARMINGTON, N.M.

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

SIGNED Victor J. Sirgo / BA

TITLE Vice-President

DATE 10-14-92

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side
NMCCD