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P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

5A. Indicate Type of Lease
STATE FEDERAL

5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work Re-Entry

b. Type of Well
 DRILL DEEPEN PLUG BACK
 OIL WELL GAS WELL OTHER *Inj well* SINGLE ZONE MULTIPLE ZONE

2. Name of Operator
Sirgo-Collier, Inc.

3. Address of Operator
P.O. Box 3531, Midland, Texas 79702

4. Location of Well
 UNIT LETTER N LOCATED 660 FEET FROM THE South LINE
 AND 1975 FEET FROM THE West LINE OF SEC. 19 TWP. 24S RGE. 38E NMPM

7. Unit Agreement Name
West Dollarhide Queen Sand Unit

8. Farm or Lease Name

9. Well No.
2

10. Field and Pool, or Wildcat
Dollarhide Queen

12. County
Lea

19. Proposed Depth
4000

19A. Formation
Queen

20. Rotary or C.T.
Reverse

21. Elevations (Show whether DF, RT, etc.)
3169' DF

21A. Kind & Status Plug. Bond
Cash Statewide

21B. Drilling Contractor
Cherokee Drilling

22. Approx. Date Work will start
October 1988

23. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
11"	* 8-5/8	24#	1102'	650	
7-7/8"	* 5-1/2	14#	3717'	300	
6-1/8"	4-1/2	10.50#	TD	400	

Sirgo-Collier, Inc. plans to re-enter and deepen to 4000' this P&A (5-9-73) Queen well. New 4-1/2" casing will be run to TD and cemented to surface. The Queen zone will be selectively perforated and acidized. A Baker AD-1 packer will be run on 2-3/8" tubing and set approximately 100' above top perf.

→ and convert to a water injection well.

*Casing already in hole.

Permit Expires 6 Months From Approval
Date Unless Drilling Underway
workover

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM; IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Signed Bonnie Atwater Title Agent Date 9-8-88

(This space for State Use) Orig. Signed by
Paul Kautz
Geologist

SEP 14 '88

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Injection subject to approval of authority to inject

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

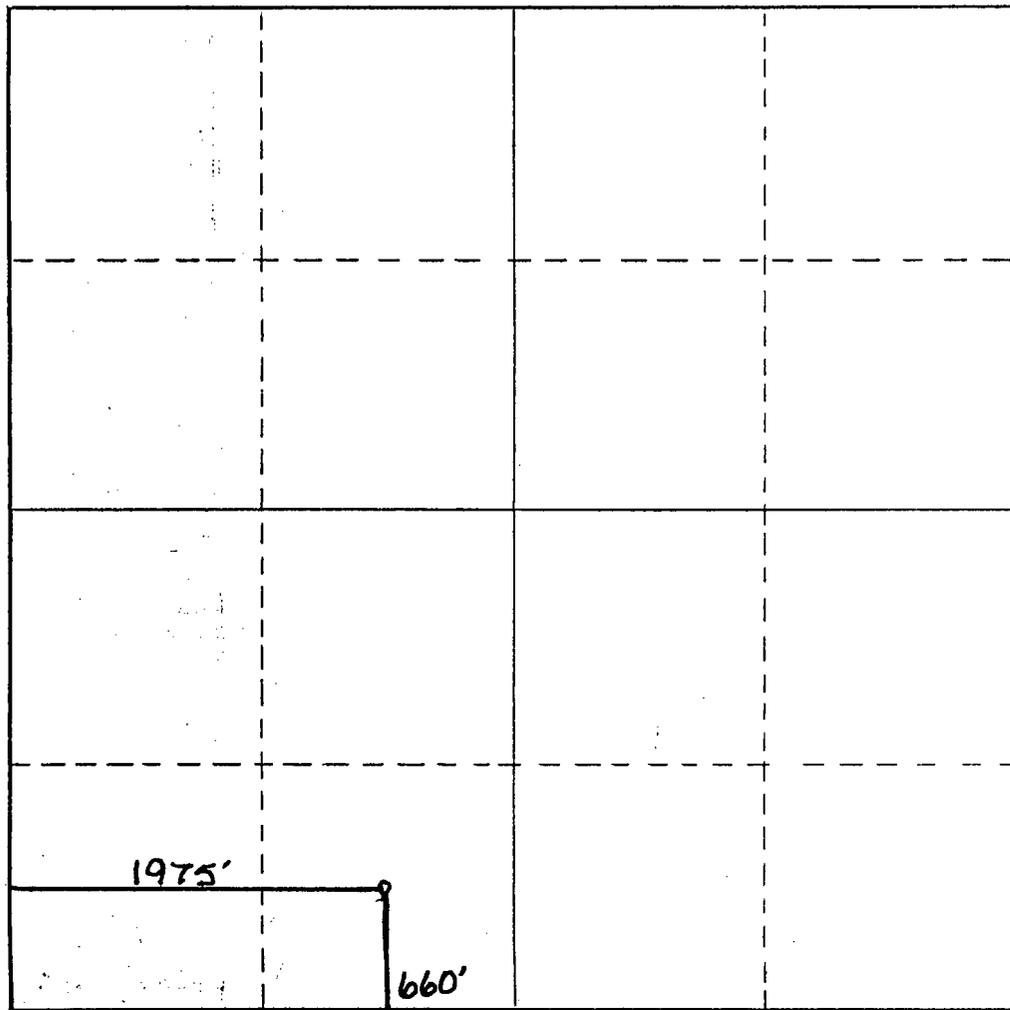
Operator Sirgo-Collier, Inc.		Lease West Dollarhide Queen Sand Unit		Well No. 2
Unit Letter N	Section 19	Township 24S	Range 38E	County Lea County, New Mexico
Actual Footage Location of Well:				
660 feet from the South line and 1975 feet from the West line				
Ground Level Elev. 3159'	Producing Formation Queen	Pool Dollarhide Queen	Dedicated Acreage: 40 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

Yes No If answer is "yes," type of consolidation Unitization, R-2356

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Bonnie Atwater

Name

Bonnie Atwater

Position

Agent

Company

Sirgo-Collier, Inc.

Date

September 8, 1988

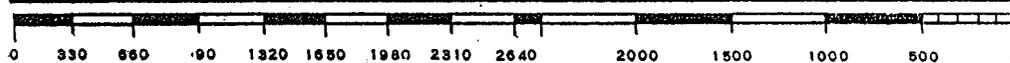
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

See original on file.

Date Surveyed

Registered Professional Engineer and/or Land Surveyor

Certificate No.



BOP

