

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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 ☐ GAS WELL ☐ OTHER
2. NAME OF OPERATOR **N.M. OIL CONS. COMMISSION**
P.O. BOX 1900
Sirgo Operating, Inc.
3. ADDRESS OF OPERATOR **HOBBS, NEW MEXICO 88240**
PO Box 3531, Midland, TX 79702
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
Unit J, 1650 FSL 1980 FEL

14. PERMIT NO. **30-025-12215**
15. ELEVATIONS (Show whether DF, RT, OR, etc.)
3180' GL

5. LEASE DESIGNATION AND SERIAL NO.
NM-10189
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
J.H. McClure "B"
8. FARM OR LEASE NAME
J.H. McClure "B"
9. WELL NO.
19
10. FIELD AND POOL, OR WILDCAT
Dollarhide Tubb Drinkard
11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA
Sec 19, T24S, R38E
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 ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) **Request for TA Status** ☒
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.)*

Sirgo Operating, Inc. is requesting an extention on the
Temporarily Abandon status on the referenced well due to inactivity.

This well is a dual completion with Texaco's West Dollarhide Drinkard
Unit #7, therefore we cannot plug our zone.

APPROVED FOR 12 MONTH PERIOD
ENDING 2/4/94

RECEIVED
JAN 6 10 42 AM '93
CARRIE
AREA

I hereby certify that the foregoing is true and correct

SIGNED Bonnie Atwater TITLE Production Technician DATE 1-5-93

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) JOE G. LARA TITLE Petroleum Engineer DATE SEP 7 1993
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side