

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-10189

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

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 BLK. AND  
SURVEY OR AREA

Sec 19, T24S, R38E

12. COUNTY OR PARISH 13. STATE

Lea

NM

**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 ☐ GAS ☐  
WELL WELL OTHER

2. NAME OF OPERATOR

Sirgo Operating, Inc.

3. ADDRESS OF OPERATOR

PO 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 J, 1650 FSL 1980 FEL

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 ☐

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\* ☐

X

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 a Temporarily Abandoned status on this 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 2/4/93

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

SIGNED Bonnie Ottwater

TITLE Production Technician

DATE 2-5-92

(This space for Federal or State office use)

APPROVED BY (Signature of Adam Salemi)

TITLE

DATE 2/25/92

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED  
FEB 7 7 46 AM '92  
BUREAU OF LAND MGMT.  
HOBBBS, NM.