

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <u>Water Injection</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>LC-067164</u>
2. NAME OF OPERATOR <u>Sirgo Operating, Inc.</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>PO Box 3531, Midland, TX 79702</u>		7. UNIT AGREEMENT NAME <u>West Dollarhide Queen Sand</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>At surface</u>  <u>Unit K, 2310 FSL 2280 FWL</u>		8. FARM OR LEASE NAME <u>Unit</u>
14. PERMIT NO. <u>30-025-12363</u>	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3120' DF</u>	9. WELL NO. <u>62</u>
		10. FIELD AND POOL, OR WILDCAT <u>Dollarhide Queen</u>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec 5, T25S, R38E</u>
		12. COUNTY OR PARISH <u>Lea</u>
		13. STATE <u>NM</u>

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 type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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) <u>Temporarily Abandon</u>	<input checked="" type="checkbox"/>		<input checked="" 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 and 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.)

11-27-92 MIRU PU. Bleed pressure (750#) from well. Unset H-3 pkr. POH w/113 jts tbq & pkr. RIH 2/5-1/2, 15.5# CIBP on tbq. Set & test CIBP @ 3503'. Pressure test CIBP to 500# for 30 min. Tested okay. POH & LD 113 jts tbq. Flange up wellhead & RD. Move off location. Clean location.

Chart attached.

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

SIGNED [Signature]

TITLE Vice-President

DATE 1-15-93

(This space for Federal or State official use)

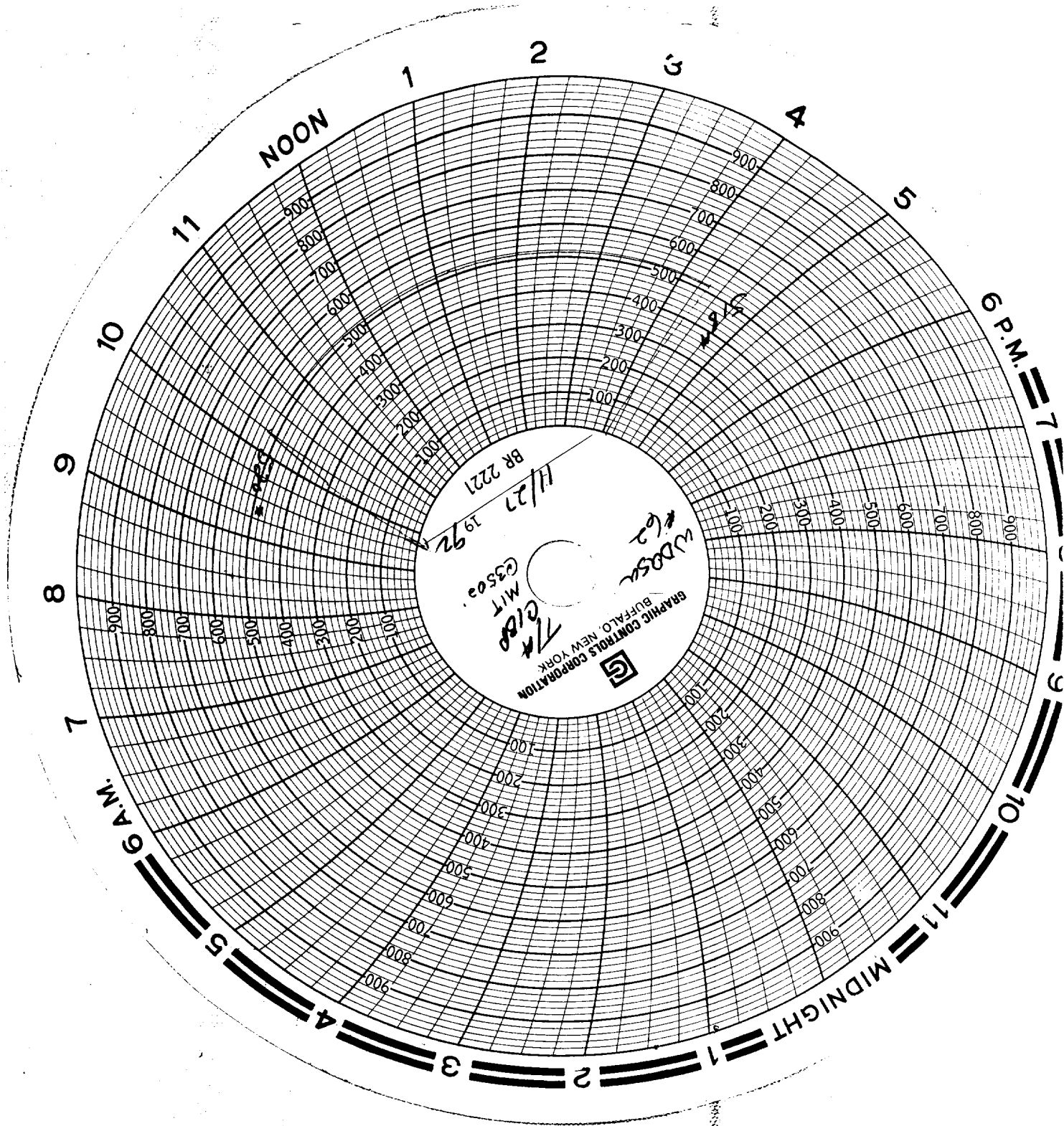
APPROVED BY [Signature]  
CONDITIONS OF APPROVAL, IF ANY

TITLE

DATE

CARLOS

See Instructions on Reverse Side



RECEIVED

JAN 25 1993

ODD NO. 10 10 10