Overmort; 9–331) Cornect; 9–331) DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT	Budget Bureau No. 1004-4. (Other instructions referse side) Budget Bureau No. 1004-4. (See Expires August 31, 1985) LC-067164 G IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON ' (Do not use this form for proposals to drill or to deepen or plug back to Use "APPLICATION FOR PERMIT—" for such proposals "WELL GAS WELL OTHER Water injection well 2. NAME OF OPERATOR	WELLS a different reservoir.
Sirgo-Collier, Inc. 3. ADDRESS OF OPERATOR P. O. Box 3531, Midland, Texas 79702 4. Incation of Well (Report location clearly and in accordance with any State See also space 17 below.) At surface Unit K, 2310 FSL 2280 FWL, Sec. 5, T25S, R38E	62 10. FIELD AND POOL, OR WILDCAT Dollarhide Queen 11. SEC., T., B., M., OR BLE. AND BURVEY OR AREA Sec. 5, T25S, R38E
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GF 3120 * DF	Lea NM
Check Appropriate Box To Indicate Nature NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PEACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) 17. LENGRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent deta proposed work. If well is directionally drilled, give subsurface locations a nent to this work.) Sirgo-Collier, Inc. proposes to plug and aban Well No. 62 as follows: Move in and rig up pulling unit. Pull tubing Set cmt retainer @ 3550' and squeeze with 35 Spot 5 sx from 3515' to 3550'. Pull up to 3510' and circulate hole with 10.2 Perf 5-1/2" casing @ 2605' with 4 SPF. Set cmt retainer @ 2455' and squeeze with 45 Spot 5 sx from 2455' to 2420'. Perf 5-1/2" casing @ 1240' with 4 SPF. Set cmt retainer @ 1140' and squeeze with 25 Spot 5 sx from 1105' to 1140'. Perf 5-1/2" casing @ 325' with 4 SPF. Set cmt retainer @ 225' and squeeze with 25 Spot 5 sx from 225' to 190'. Spot 10 sx from 50' to surface. Cut off wellhead, weld on steel plate and dry and level location.	WATER SHUT-OFF WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) ils. and give pertinent dates, including estimated date of starting any not measured and true vertical depths for all markers and zones pertinent the West Dollarhide Queen Sand Unit and packer. sx Class "C". # brine. sx Class "C". Sx Class "C".
18. I hereby certify that the foregoing is true and correct SIGNED Amy L. Whitley TITLE Agen	t DATE March 23, 1988
(This space for Federal or State office use) APPROVED BY SCOTT Adam TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE 4-14. FS

*See Instructions on Reverse Side

APR 1 8 1988
OCD
HOBBS OFFICE