Form 3160-3 (November 1	
(Formerly 9-	-331;

D STATES SUBMIT IN T L' E. Expires August 31, 1985 OF THE INTERIOR Reference 1985 15 August 5. LEASE DESIGNATION AND BERIAL 80 STATES פר"ומיו

	a Critic crist	Litorear		
	Budget I	Bureau No.	1004-0	
	Expires	August 31,	1985	
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BUREAU OF LAND MANAGEME	A BUA 1530	LC-067968				
SUNDRY NOTICES AND REPORTS (Do not use this form for proposals to drill or to deepen or plu Use "APPLICATION FOR PERMIT—" for suc	ng back to a different reservoir.	G IF INDIAN, ALLOTTEE OR TELL	BE NAME			
WELL WELL OTHER Water injection	well	7. UNIT ADRESSENT NAME A 27 Dalla the WDQSU sand to 8. FARM OR LEASE NAME	di Guu nit_			
Sirgo-Collier, Inc.		9. WBLL NO.				
P. O. Box 3531, Midland, Texas 79702 LOCATION OF WELL (Report location clearly and in accordance with a Sec also space 17 below.) At surface	18 10. FIELS AND POOL OR WILDCAT Dollarhide Queen					
Unit P, 330' FSL 660' FEL, Sec. 30, T24S	, R38E	11. SEC., T., B., M., OB BLE. AND SURVEY OR AREA				
PRIMIT NO 15 ELEVATIONS (Show whether	r DF RT CR etc.)	Sec. 30, T24S, R				
15 ELEVATIONS (Show whether	. 57, 11. 511 62.7	Lea NM				
Check Appropriate Box To Indicate	e Nature of Notice, Report, or O	ther Data				
NOTICE OF INTENTION TO:	SUBSEQU	ENT REPORT OF:				
TEST WATER SHUT-OFF PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL				
FRACTURE TREAT MULTIPLE COMPLETE	FRACTUBE TREATMENT	ALTERING CASING				
SHOOT OR ACIDIZE ABANDON*	SHOOTING OR ACIDIZING	ABANDON MENT*	XX			
	(Other) Cement 4-1	72 cas 1:15	1			
REPAIR WELL CHANGE PLANS		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)				

1-13-88

Deepen to TD of 3960'. Ran 97 joints of 4-1/2" 10.5# casing to 3960'. Cemented with 300 sx Halliburton Light with 1/4# flocele and 0.5% CFR-2, tailed with 200 sx Class "C" with 0.2% Halad-4 and 10# microbond. Circulated 54 sx.

18.	I hereby certify that the foregoing is true and correct SIGNED Carry, L. Whitley		Acant		March 2, 1988
	SIGNED CARY, A. WILLIAM	TITLE _	ngene	DATE _	
	(This space for Federal or State office use)				Same of the St.
	APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE _		DATE _	·
				ŧĤ	AR 1 6 1988

*See Instructions on Reverse Side