

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Three copies)
(Reverse side)

Form approved
Budget Bureau No. 1004-0-1
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-067968

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 Water injection well

2. NAME OF OPERATOR

Sirgo-Collier, Inc.

3. ADDRESS OF OPERATOR

P. O. 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 2140' FEL, Sec. 30, T24S, R38E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3142' DF

7. UNIT AGREEMENT NAME
West Dollarhide Au.

8. FARM OR LEASE NAME

9. WELL NO.

14

10. FIELD AND POOL, OR WILDCAT

Dollarhide Queen

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 30, T24S, R38E

12. COUNTY OR PARISH

13. STATE

Lea

NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

(Other) Set & test packer ☒

(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.)*

1-14-88

Ran 112 joints 2-3/8" IPC tubing with Baker Model AD-1 packer. Set packer at 3484' and tubing at 3481'. Circulated packer fluid and tested packer to 500# for 30 minutes.

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

SIGNED Amy L. Whitley

TITLE Agent

DATE March 7, 1988

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

SJS

RECEIVED

MAR 21 1988

OCD
HOBS OFFICE