

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-067968

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

West Dollarhide Queen

8. FARM OR LEASE NAME Sand Unit

9. WELL NO.

9

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

1.

OIL WELL ☐ GAS WELL ☐ OTHER Water Injection

2. NAME OF OPERATOR

Sirgo Operating, Inc.

3. ADDRESS OF OPERATOR

PO Box 3531, Midland, TX 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

Unit G, 2310 FNL 2310 FEL

14. PERMIT NO.

30-025-12262

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

3164' GR

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 COMPLETION ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

Pkr leakage test ☒

(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.)*

9-16-92 MI & RU. Ran packer leakage test for 30 min. at 540 psi.
Held okay. RD.

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

SIGNED

Bonnie Ottwater

TITLE Production Technician

DATE 10-6-92

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

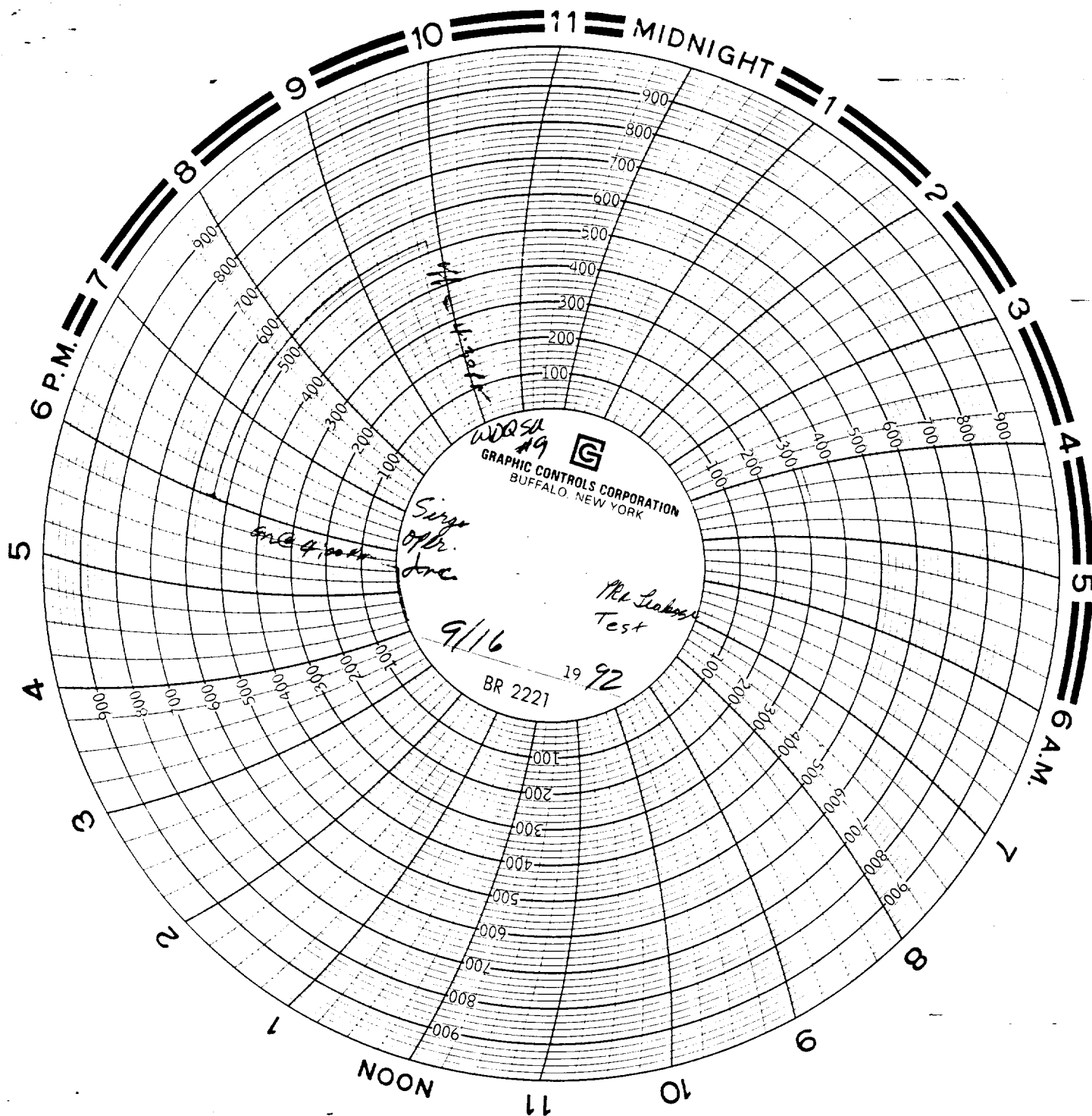
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

OCT 2 6 1992

SCN MOBILE OFFICE



RECEIVED

OCT 2 5 1997

NOV 1997 OCT 97