

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

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

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 B, 990 FNL 2310 FEL

14. PERMIT NO.

30-025-12263

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

3180' GR

5. LEASE DESIGNATION AND SERIAL NO.

L -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.

6

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

Lea

13. STATE

NM

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 COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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.)

11-3-92 MIRU. Ran ^{Pressure} ~~stop rate~~ test for 30 min. @ 320# psi.
Held okay. RD.

Chart attached.

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

SIGNED

Bonnie Alwater

TITLE Production Tech.

DATE 11-12-92

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

