

UNIT STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on  
reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

**LC-069052**

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**

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 A, 660 FNL 660 FEL**

7. UNIT AGREEMENT NAME

**West Dollarhide Queen**

8. FARM OR LEASE NAME **Sand Ur.**

9. WELL NO.

**25**

10. FIELD AND POOL, OR WILDCAT

**Dollarhide Queen**

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

**Sec 31, T24S, R38E**

14. PERMIT NO.

**30-025- 12275**

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

**3151' KB**

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) **Packer Leakage Test** ☒

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.)\*

**9-18-92 MI RU. Ran packer leakage test for 30 min. at 520 psi.  
Held okay. RD.**

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

SIGNED

**Bonnie Atwater**

TITLE **Production Tech.**

DATE **10-13-92**

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

**\*See Instructions on Reverse Side**

