

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
Other Instructions
(Reverse side)

Form approved.
Budget Bureau No. 1-004-1
Expires August 31, 1985

LEASE DESIGNATION AND SERIAL NO.

LC-069052

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 B, 330' FNL 1650' FEL, Sec. 31, T24S, R38E

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3136' KB

7. UNIT AGREEMENT NAME
West Ballalshide Oil

8. FARM OR LEASE NAME
WPGSU Land set

9. WELL NO.
24

10. FIELD AND POOL, OR WILDCAT
Dollarhide Queen

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 31, 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
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) Set and test packer

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.)*

2-15-87 Ran 111 joints 2-3/8" IPC tubing with Baker AD-1 packer. Set packer @ 3476' and set tubing @ 3473'. 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 5/5

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side