

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instructions
verse side)

THIS FORM EXPIRES
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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection Well		7. UNIT AGREEMENT NAME WDQSU <i>Water Injection Unit</i>
2. NAME OF OPERATOR Sirgo-Collier, Inc.		8. FARM OR LEASE NAME <i>Dollarhide Queen</i>
3. ADDRESS OF OPERATOR P. O. Box 3531, Midland, Texas 79702		9. WELL NO. 23
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit C, 330' FNL 2310' <i>W</i> EEL, Sec 31, T-24-S, R-38-E		10. FIELD AND POOL, OR WILDCAT Dollarhide Queen
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 31, T-24-S, R-38-E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) KB 3115'		12. COUNTY OR PARISH Lea
		13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANT	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input checked="" type="checkbox"/> Return wells to injection in same form.		

(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.) *

8-29-87 Began injecting water into well in Queen formation. Injecting water into well approximately 8 hours per day. Disposing of all produced water.

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

SIGNED: *Amy L. Whitley*

TITLE Agent

DATE 9-2-87

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY.

TITLE

DATE

*See Instructions on Reverse Side

RECEIVED
SEP 12 10 30 AM '87
CAPS
ARCO

SEP 7 1987

SJS

CAPSA