

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
P.O. BOX 1004-1
HOBBBS, NEW MEXICO

SUBMIT IN TRIPLI
(Other instructions
reverse side)

TE
re

Form approved.
Budget Bureau No. 1004-1
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 well

2. NAME OF OPERATOR

3. ADDRESS OF OPERATOR
Sirgo-Collier, Inc.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

Unit F, 1750' FNL 2310' FWL, Sec. 31, T24S, R38E

14. PERMIT NO.

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

3114' KB

7. UNIT AGREEMENT NAME

Unit Dollarhide Qu.

8. FARM OR LEASE NAME

9. WELL NO.

33

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

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Set and test packer

(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.) *

2-25-88 Ran 112 joints 2-3/8" IPC tubing with Baker Model AD-1 packer. Set packer @ 3478', tubing @ 3475'. Circulated packer fluid and tested packer to 500# for 30 minutes.

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

SIGNED

Ang L. Whitley

TITLE

Agent

DATE March 7, 1988

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

SSS