

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

API NO. (assigned by OCD on New Wells)

30-025-12302

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-9311

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☐

RE-ENTER ☒

DEEPEN ☒

PLUG BACK ☐

b. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER ☐ WIW

SINGLE
ZONE ☒

MULTIPLE
ZONE ☐

7. Lease Name or Unit Agreement Name

West Dollarhide Queen
Sand Unit

2. Name of Operator

Sirgo Operating, Inc.

8. Well No.

37

3. Address of Operator

P.O. Box 3531, Midland, Texas 79702

9. Pool name or Wildcat

Dollarhide Queen

4. Well Location

Unit Letter L : 2310 Feet From The South Line and 330 Feet From The West Line

Section 32

Township 24S

Range 38E

NMPM

Lea

County

10. Proposed Depth

4000'

11. Formation

Queen

12. Rotary or C.T.

Reverse

13. Elevations (Show whether DF, RT, GR, etc.)

3144' DF

14. Kind & Status Plug. Bond

Cash Statewide

15. Drilling Contractor

Peterson Drlg.

16. Approx. Date Work will start

June 1989

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
11"	* 8-5/8"	32#	1184'	400	unknown
8-3/4"	* 7"	20#	3662'	200	unknown
6-1/8"	4-1/2"	10.50#	TD	400	surface

Sirgo Operating, Inc. plans to re-enter and deepen to 4000' and convert to water injection this P&A (4-9-74) Queen producer. New 4-1/2" casing will be run to TD and cemented to surface, the Queen zone will be selectively perforated and acidized, and a Baker AD-1 packer will be run on 2-3/8" tubing, set approximately 100' above the top perf.

*Casing already in wellbore.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Bonnie Atwater TITLE Production Technician DATE 5-30-89

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

JUN 1 1989

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval
Date Unless Drilling Underway.

2000

RECEIVED
MAY 31 1989
OCD
HOBBS OFFICE

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District Office
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Fee Lease - 3 copies

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Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

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Santa Fe, New Mexico 87504-2088

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WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator Sirgo Operating, Inc.			Lease West Dollarhide Queen Sand Unit		Well No. 37
Unit Letter L	Section 32	Township 24S	Range 38E	County Lea	
Actual Footage Location of Well: 2310 feet from the South line and 330 feet from the West line					
Ground level Elev. 3144' DF		Producing Formation Queen		Pool Dollarhide Queen	Dedicated Acreage: 40 Acres
<p>1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.</p> <p>2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).</p> <p>3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If answer is "yes" type of consolidation <u>Unitization R-2356</u></p> <p>If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)</p> <p>No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.</p>					
				OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.	
				Signature <u>Bonnie Atwater</u>	
				Printed Name Bonnie Atwater	
				Position Production Technician	
				Company Sirgo Operating, Inc.	
Date 5-30-89					
				SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.	
				Date Surveyed ORIGINAL ON FILE	
				Signature & Seal of Professional Surveyor	
				Certificate No.	

BOP

