Form 3160-5
(November 1983)
(Formerly 9-331)

# UNITED 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-067968

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 [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME
West Dollarhide Queen Sand Unit

2. NAME OF OPERATOR
Sirgo Operating, Inc.

8. FARM OR LEASE NAME

3. ADDRESS OF OPERATOR
P.O. Box 3531, Midland, Texas 79702

9. WELL NO.
71

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
Unit P, 1050' FSL 150' FEL

10. FIELD AND POOL, OR WILDCAT
Dollarhide Queen

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 30, T24S R38E

14. PERMIT NO.

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

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: | | | | SUBSEQUENT REPORT OF: | | | |
|---|---|---|---|---|---|---|---|
| TEST WATER SHUT-OFF | [ ] | PULL OR ALTER CASING | [ ] | WATER SHUT-OFF | [ ] | REPAIRING WELL | [ ] |
| FRACTURE TREAT | [ ] | MULTIPLE COMPLETE | [ ] | FRACTURE TREATMENT | [ ] | ALTERING CASING | [ ] |
| SHOOT OR ACIDIZE | [ ] | ABANDON* | [ ] | SHOOTING OR ACIDIZING | [ ] | ABANDONMENT* | [ ] |
| REPAIR WELL | [ ] | CHANGE PLANS | [ ] | (Other) Perf Additional Queen pay | | | [X] |
| (Other) | | | | (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.)*

10-9-89 RU & perf from 3654-56, 3658-60, 3662-66, 3 SPF 33 holes.
Acidize old lower Queen zone (3760-3788) w/500 gal HCL-NEFE. ISIP 1050#.
Acidize from 3654-3697 w/1500 gal 15% HCL-NEFE. Block w/1000# rock salt in 3 stages of acid @ 500 gal each. ISIP 825#.
10-10-89 Frac w/12,000 gal 50% get wtr & 50% $CO_2$, 20,000# sand. ISIP 1460#.
10-11-89 Well flowing.
10-12-89 RIH w/tail jt & set @ 3615'. SN set @ 3584' & 2-7/8" tbg set @ 3583'.
10-13-89 RIH w/pump. Space well out & hang on. Well pumping.

Tested in 24 hrs.: 21 BO & 162 BW.

RECEIVED
NOV 13 1989
O. C. D.
HOBBS, OFFICE

Ada

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

SIGNED Bonnie Atwater TITLE Production Technician DATE 11-6-89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side