

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 ☒ GAS WELL ☐ OTHER ☐
2. NAME OF OPERATOR
Sirgo Operating, 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 P, 150 FSL 150 FEL
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7. UNIT AGREEMENT NAME
West Dollarhide Queen Sand
8. FARM OR LEASE NAME Unit
9. WELL NO.
72
10. FIELD AND POOL, OR WILDCAT
Dollarhide Queen
11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA
Sec 30, T24S R38E
12. COUNTY OR PARISH
Lea
13. STATE
NM

10. 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 COMPLETION ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) Perf Additional Queen Pay ☒
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.) *

10-10-89 RU & perf 3763-67, 3 spf, 12 holes. PBTD 3791'.
10-11-89 Acidize w/750 gal 15% HCL-NEFE. Dropped 32 1.3 SG ball sealers. ISIP 800#. Frac w/5000 gal gel pad, 12,800 gal 50% CO₂, 50% gel wtr w/40,000# 12/20 sand. ISIP 1720#.
10-12-89 Well flowing.
10-13-89 POH w/tbg & pkr. SION.
10-14-89 Perf Upper Queen from 3618-24, 3 spf, 21 holes.
10-15-89 Shut In.
10-16-89 Acidize Upper zone w/1500 gal 15% HCL-NEFE w/300# rock salt. ISIP 810#. Frac w/2500 gal gel pad, 11,000 gal 50/50 CO₂ & gel wtr, 23,500# 12/20 sd. ISIP 1530#.
10-17-89 Set SN & 2-7/8" tbg @ 3574'. RIH w/ pump. Hang well on & space out. Well pumping.

Tested for 24 hrs.: 38 BO & 324 BW.

Aden

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

SIGNED Bonnie Citwater TITLE Production Technician

DATE 11-16-89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side