

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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

3. ADDRESS OF OPERATOR
Sirgo Operating, Inc.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
P.O. Box 3531, Midland, Texas 79702
Unit P, 1050' FSL 1250' 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.
73
10. FIELD AND POOL, OR WILDCAT
Dollarhide Queen
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 30, T24S, R38E
12. COUNTY OR PARISH 13. STATE
Lea NM

16. 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 COMPLETE
SHOOT OR ACIDIZE	ABANDON*
REPAIR WELL	CHANGE PLANE
(Other)	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREATMENT	ALTERING CASING
SHOOTING OR ACIDIZING ☒	ABANDONMENT*
(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.)*

- 4-5-90 MI&RU Pulling unit. POH w/rods & pump. Unset tbg anchor & POH w 2-7/8" tbg, tbg anchor, SN & mud jt. Test & RIH w/treating pkr, 112 jts of 2-7/8" tbg. Set pkr @ 3554' & tbg @ 3551'. NU wellhead & SION.
- 4-6-90 RU & establish rate w/1000 gal 2% KCL. Pump 4 bbls scale converter, block w/ 250# rocksalt in 6 bbls brine gel. Pump 7.5 bbls scale converter. Flush to top perms (3619'). SI for 24 hrs.
- 4-7-90 Swab back chemical. RU & acidize w/2000 gal 15% HCL NEFE acid. SI for 30 min. Swab back acid. POH w/tbg & pkr. RIH w/open-end tail jt, SN & 2-7/8" tbg. Set tail jt @ 3691', SN @ 3687' & tbg @ 3685'. RIH w/2-1/2" x 2" x 16' RWAC pump & BHA. Hang on & RD.
- 4-8/9-90 Pumping.
- 4-10-90 24 hr. Test: 85 BO 276 BW

ACCEPTED

COPIES

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

SIGNED Bonnie Atwater TITLE Production Technician DATE 5-3-90

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

RECEIVED