

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(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

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 J, 2300 FSL 1450 FEL

7. UNIT AGREEMENT NAME

West Dollarhide Queen Sand

8. FARM OR LEASE NAME

Unit

9. WELL NO.

75

10. FIELD AND POOL, OR WILDCAT

Dollarhide Queen

11. SEC., T., R., M., OR BLM. AND
SURVEY OR AREA

Sec 30, T24S R38E

12. COUNTY OR PARISH 13. STATE

Lea

NM

14. PERMIT NO.

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

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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 perti-
nent to this work.)*

10-23-89 POH w/rods & pump & treat each zone as follows: 3798-3802 w/2 bbls 15% acid,
3750-3753 w/2 bbls 15% acid, 3719-3723 w/2 bbls 15% acid,
3695-3702 w/2 bbls 15% acid, 3673-3676 w/2 bbls 15% acid.

10-24-89 RU & pump 160 tons of CO₂ down tbg. SI & monitor tbg pressure.

10-25/

11-3-89 Shut In

11-4-89 Possible tbg or pkr leak. HU choke to csg & bleed to frac tank.

11-5&6-89 Well dead.

11-7-89 MT&RU pulling unit. Found crack in SN. RIH w/open-ended tail jt, SN &
2-7/8" tbg. Set @ 3633'. RIH w/rods & pump.

11-8-89 24 hr. test: 8 BO, 310 BW, 50 MCF.

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

SIGNED

Bonnie C. Hualin

TITLE

Production Technician

DATE

11-14-89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side