

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPI
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Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-067968

6. 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. AGREEMENT NAME West Dollarhide Queen	
2. NAME OF OPERATOR Sirgo Operating, Inc.		8. TERM OR LEASE NAME Sand Unit	
3. ADDRESS OF OPERATOR PO Box 3531, Midland, TX 79702		9. WELL NO. 76	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit 0, 125' FSL 2300' 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. 30-025-29995	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3117' GR	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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input checked="" type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

(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.)*

4-3-92 MIRU PU. RIH w/hydrostatic bailer & tbg, bail 58' fill. POH & LD bailer. RIH w/tension pkr & tbg. Set @ 3480' & acidize w/1500 gals 15% HCL acid in two stages blocking w/400# graded rock salt. Got 300# increase on block. ISIP 690#, 30 min - 300#. SI for 30 min. Flowback to working pit. Unset pkr & POH. RIH w/sub-pmp, check & drain valve, SN & cable tbg. Hang well on. Work on control panel. Got well pmp. RD & move off.

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

SIGNED Bonnie Atwater TITLE Production Technician DATE 5-5-92

(This space for Federal or State office use)

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

*See Instructions on Reverse Side