

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on re-  
verse side)

30-025-29945  
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 0, 125' FSL 2300' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3117' GR

7. UNIT AGREEMENT NAME  
West Dollarhide Queen Sand

8. FARM OR LEASE NAME  
Unit

9. WELL NO.  
76

10. FIELD AND POOL, OR WILDCAT  
Dollarhide Queen

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

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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <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.)\*

3-9-90 MI&RU PU. POH w/rods & pump . SION.

3-10-90 Attempt to unset tbg anchor. POH w tbg. No tbg anchor. RIH w/tbg & 2-7/8" tbg spear. Tag fish & latch on. Pull 54,000#. Tbg came free & POH. Still no fish. POH w/spear. SION.

3-11-90 No Activity.

3-12-90 RIH w/2-7/8" tbg spear & caught fish. POH. RIH w/bit, scraper & tbg to 3658'. Circ hole clean w/2% KCL, spot 5 bbls acid. Reverse out acid. POH w/tbg & SION.

3-13-90 RIH w/SN & 114 jts of 2-7/8" tbg. Set @ 3631'. RIH w/2-1/2" x 2" x 16' RWAC pump. Space out & hang on. Start pumping.

3-14/20-90 Testing

3-21-90 TEST: 3 BO 599 BW 1.1 MCF

RECEIVED  
APR 11 11 05 AM '90  
CARLISLE  
AREA HEADQUARTERS

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

SIGNED Bonnie Ottwater TITLE Production Technician DATE 4-10-90

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side