Form 3160-5
(November 1983)
(Formerly 9-331)

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 [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME: West Dollarhide Queen Sand Unit

2. NAME OF OPERATOR: Sirgo Operating, Inc.

8. FARM OR LEASE NAME:

3. ADDRESS OF OPERATOR: P.O. Box 3531, Midland, Texas 79702

9. WELL NO.: 77

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: Unit O, 1100' FSL 2450' 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.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3120' 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:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[X]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other)			
(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.)*

4-6-90 RU & break circ w/1000 gal 2% KCL. Pump 4 bbls scale converter, block w/250# rocksalt in 4 bbls brine gel. Pump 7.5 bbls scale converter, flush to top perfs (3602'). Close valve & 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 btm of tail jt @ 3576', SN @ 3573' & tbg @ 3570'. RIH w/2-1/2" x 2" x 16' RWAC pump & BHA. Hang on & RD.

4-8-90 Pumping

4-9-90 24 hr. Test: 71 BO 168 BW

RECEIVED
MAY 14 1990
O. C. D.
HOBBS, OFFICE

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