

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on  
verse side)

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

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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. LC-067968
2. NAME OF OPERATOR Sirgo Operating, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 3531, Midland, Texas 79702		7. UNIT AGREEMENT NAME West Dollarhide Queen Sand Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  Unit J, 2310 FSL 2600 FEL		8. FARM OR LEASE NAME
14. PERMIT NO.		9. WELL NO. 79
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3123' GR		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 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) Perf Additional Queen Pay	<input checked="" type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input 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"/>	

(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.)\*

1. MIRU PU, pull rods & tbg.
2. Perf additional Queen pay.
3. Run packer & RBP on tubg.
4. Fracture treat new Queen pay.
5. Flow & swab bact treatment.
6. Pull packer & RBP.
7. Run tubing & rods.
8. Hang well on & test.

RECEIVED

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

SIGNED Bonnie Stewart TITLE Production Technician DATE 5-11-89

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE FOR: CHIEF, BLM, MIDLAND DISTRICT DATE 5-23-89

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED

MAY 24 1989

OCD  
HOBBS OFFICE