

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
N. M. OIL & GAS  
PERMIT IN TRIPL  
Other Instructions  
(first side)  
MOOSE, NEW

Form approved  
Budget Bureau No. 1004-01  
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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water injection well	7. UNIT AGREEMENT NAME <i>West Dollarhide Queen</i>
2. NAME OF OPERATOR Sirgo-Collier, Inc.	8. FARM OR LEASE NAME <i>WDQSU Land Unit</i>
3. ADDRESS OF OPERATOR P. O. Box 3531, Midland, Texas 79702	9. WELL NO. 137
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit H, 1980 FNL 630 FEL, Sec. 31, T24S, R38E	10. FIELD AND POOL, OR WILDCAT Dollarhide Queen
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, T24S, R38E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3136' GL	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 type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Move and re-permit location	<input checked="" type="checkbox"/>		<input checked="" 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.)\*

Sirgo-Collier, Inc. respectfully requests approval to move the above approved location for the WDQSU Well No. 137. A second application for permit to drill this well has been filed with your office. The proposed new location is staked 1930 FNL and 745 FEL, Sec. 31, T24S, R38E, Lea County, New Mexico.

RECEIVED  
MAR 23 1 43 PM '88  
CANYON AREA  
DOE

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

SIGNED Amy L. Whitley TITLE Agent DATE March 21, 1988

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 4-7-88  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side