

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

API NO. (assigned by OCD on New Wells)
30-025-30299

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-9311

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☒ RE-ENTER ☐ DEEPEN ☐ PLUG BACK ☐

b. Type of Well:

OIL WELL ☐ GAS WELL ☐ OTHER Water Injection ☐ SINGLE ZONE ☒ MULTIPLE ZONE ☐

2. Name of Operator
Sirgo Operating, Inc.

3. Address of Operator
P.O. Box 3531, Midland, Texas 79702

7. Lease Name or Unit Agreement Name
West Dollarhide Queen
Sand Unit

8. Well No.
142

9. Pool name or Wildcat
Dollarhide Queen

4. Well Location
Unit Letter P : 800 Feet From The South Line and 900 Feet From The East Line

Section 32 Township 24S Range 38E NMPM Lea County

10. Proposed Depth
3900'

11. Formation
Queen

12. Rotary or C.T.
Rotary

13. Elevations (Show whether DF, RT, GR, etc.)
3170' GR

14. Kind & Status Plug. Bond
Cash Statewide

15. Drilling Contractor
Peterson Drlg.

16. Approx. Date Work will start
January 1990

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12-1/4"	8-5/8"	24#	420'	250 sx.	Surface
7-7/8"	5-1/2"	15.5 & 17#	3900'	1000 sx.	Surface

The Queen zone will be selectively perforated and acidized as needed for optimum water injectivity rates.

Chevron U.S.A., Inc. operates the West Dollarhide Devonian Unit #109, and Texaco Producing, Inc. operates the West Dollarhide Drinkard Unit #71, also located in this quarter quarter section.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Bonnie Ottwater TITLE Production Technician DATE 12-12-89

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

DEC 15 1989

Permit Expires 6 Months From Approval
Date Unless Drilling Underway

Submit to Appropriate
District Office
State Lease - 4 copies
Fee Lease - 3 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

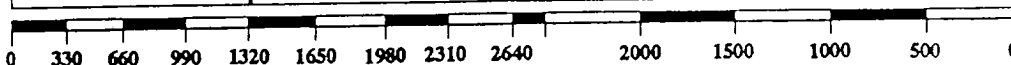
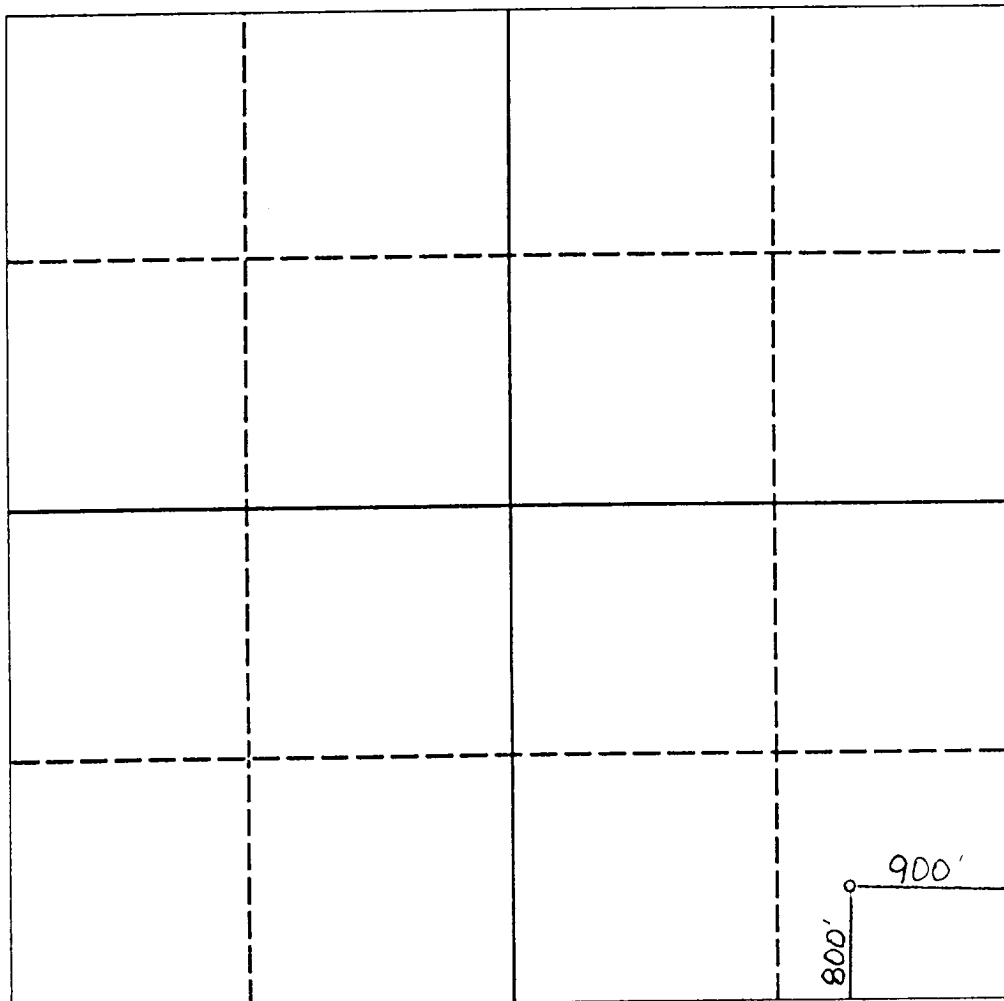
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator Sirgo Operating, Inc.			Lease West Dollarhide Queen Sand Unit		Well No. 142
Unit Letter P	Section 32	Township 24S	Range 38E	County NMPM	Lea
Actual Footage Location of Well: 800 feet from the South line and 900 feet from the East line					
Ground level Elev. 3170	Producing Formation Queen		Pool Dollarhide Queen		Dedicated Acreage: 40 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc?
☒ Yes ☐ No If answer is "yes" type of consolidation Unitization, R-2356
If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)
No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Bonnie Atwater

Signature

Bonnie Atwater

Printed Name

Agent

Position

Sirgo Operating, Inc.

Company

December 12, 1989

Date

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

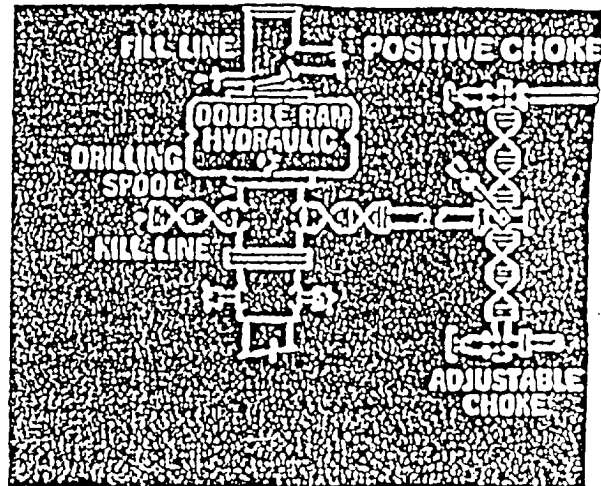
Date Surveyed

ORIGINAL ON FILE

Signature & Seal of
Professional Surveyor

Certificate No.

BOP



RECEIVED

DEC 14 1988

OCD
HOBBS OFFICE