

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP. TE\*  
(Other instructions on re-  
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

LC-069052

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 Water Injection

2. NAME OF OPERATOR

Sirgo Operating, Inc.

3. ADDRESS OF OPERATOR

PO Box 3531, Midland, TX 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

Unit D, 400' FNL 2210' FWL

7. UNIT AGREEMENT NAME

West Dollarhide Queen Sand

8. FARM OR LEASE NAME

Unit

9. WELL NO.

133

10. FIELD AND POOL, OR WILDCAT

Dollarhide Queen

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec 31, T24S, R38E

12. COUNTY OR PARISH

Lea

13. STATE

NM

14. PERMIT NO.

30-025-30355

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

3128' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

PCCL OR ALTER CASING ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

SHOOT OR ACIDIZE ☐

ABANDON\* ☐

REPAIR WELL ☐

CHANGE PLANE ☐

(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT\* ☐

(Other) Pressure Test ☒

(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.)\*

11-23-92 MI&RU PU. Unset pkr, Tag no fill. POH w/tbg & pkr. Test in hole w/tbg & pkr to 5000#. Circ 100 bbls 2% KCL w/100 Omega pkr fluid. Set & test csg/pkr to 550# for 30 min. Tested okay. RD & MO. Clean location.

Chart attached.

I hereby certify that the foregoing is true and correct

SIGNED

Charles D. Sirgo

TITLE

Vice-President

DATE

1-15-93

(This space for Federal or State agency use)

APPROVED BY

David R. Glass

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED, NEW MEXICO

\*See Instructions on Reverse Side

