

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on reverse 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
P.O. Box 3531, Midland, Texas 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 1120' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, GR, etc.)
3128' GR

7. UNIT AGREEMENT NAME
West Dollarhide Queen Sand Unit

8. FARM OR LEASE NAME

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

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	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☐
(Other)	☐		

WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
(Other) Start injecting	☒		

(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.) *

- 2-16-90 RIH w/5-1/2 x 2-3/8 IPC AD-1 pkr, 2-3/8" SN, & 119 jts of 2-3/8" tbg. Set pkr @ 3558', SN @ 3556', & tbg @ 3554'. RU & pump 100 bbls 2% KCl w/1 drum WT-1270 pkr fluid. Set pkr tension to 15,000#. Test backside to 500# for 30 min - tested okay. NU injection wellhead & fittings on header.
- 2-17-90 Test injection lines for leaks.
- 2-18-90 No Activity.
- 2-19-90 Install injection lines & test. Found two leaks.
- 2-20-90 Repair leaks.
- 2-21-90 Start injection w/250 BWPD @ 1200# psi.

ACCEPTED AND
Hm

CARLEAD, NORTHERN

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

SIGNED Bonnie Atwater

TITLE Production Technician

DATE 3-13-90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side