

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP  
(Other instructions  
reverse 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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection	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 PO Box 3531, Midland, TX 79702	7. UNIT AGREEMENT NAME West Dollarhide Queen
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit O, 570' FSL 1790' FEL	8. FARM OR LEASE NAME Sand Unit
14. PERMIT NO. 30-025-30357	9. WELL NO. 153
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3132' 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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Packer Leakage Test</u>	<u>X</u>
(Other) _____			

(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.)\*

8-20-92 MI & RU. Run packer leakage test to 520 psi for 30 min.  
Held okay. RD.  
Chart attached.

ACCEPTED FOR RECORD  
5 1992  
BUREAU OF LAND MANAGEMENT  
NEW MEXICO

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

SIGNED Bonnie Atwater TITLE Production Technician DATE 10-19-92

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

**HYDRO TEST REPORT**

COMPANY BILL NORMAN

DATE 12/20/92

LEASE W.D. H. Q. #153

FIELD Westonville

SIZE:

TEST: P.S.I.

TESTOR SIGN [Signature]

PUMPER SIGN [Signature]

COMPANY REP. [Signature]

REMARKS:

LENGTH:

TIME:

GRAPHIC COMPANY  
BUFFALO, NY

CENSOR SW

BNS-1

BA 2221

