

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.
LC-067968
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 O, 570' FSL 1790' FEL
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3132' GR

7. UNIT AGREEMENT NAME
West Dollarhide Queen Sand
8. FARM OR LEASE NAME
Unit
9. WELL NO.
153
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

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐
(Other) ☐

SUBSEQUENT REPORT OF:

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

(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.)*

3-2-90 RIH w/2-3/8 x 5-1/2 AD-1 injection pkr, SN & 113 jts of 2-3/8" tbg. Set pkr @ 3510', SN @ 3508', & tbg @ 3505'. Circ 100 bbls 2% KCL w/1 drum WT-1270 pkr fluid. Test backside to 500# for 30 min. - tested okay. NU injection wellhead. Tie into injection line & header. Start injecting w/700 BWPD @ 1050# psi.

RECEIVED
MAR 16 10 46 AM '90
CAG AREA

APPROVED BY
Am
CAPTAIN N. J. J.

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

SIGNED Bonnie Altvater TITLE Production Technician DATE 3-15-90
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side