

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.

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	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	West Dollarhide Queen Sand Uni
3. ADDRESS OF OPERATOR	8. FARM OR LEASE NAME
P.O. Box 3531, Midland, Texas 79702	9. WELL NO.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	10. FIELD AND POOL, OR WILDCAT
Unit O, 570 FSL 1790 FEL	Dollarhide Queen
14. PERMIT NO.	11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA
15. ELEVATIONS (Show whether DE, RT, GR, etc.)	Sec. 30, T24S, R38E
	12. COUNTY OR PARISH
	Lea
	13. STATE
	NM

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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	WATER SHUT OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other) Spud, Set & cmt surf & prod csg X	
(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.)*

2-19-90 Spud to 410'. RIH w/8-5/8" csg to 410'. Cmt w/250 sx. Class "C".
Circ 68 sx. Test csg to 500# - okay.

2-23-90 TD 3900'. RIH w/5-1/2" csg to 3900'. Cmt w/800 sx. PSC & tail w/
200 sx. Class "C". Circ 86 sx.

ACCEPTED FOR RECORD
Ade

RECEIVED

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

CARLETON, NEW MEXICO

SIGNED Bonnie Altwater TITLE Production Technician DATE 2-27-90

(This space for Federal or State office use)

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

*See Instructions on Reverse Side