

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☒

DEEPEN ☐

PLUG BACK ☐

b. TYPE OF WELL

OIL
WELL ☐

GAS
WELL ☐

OTHER Wtr inject well

SINGLE
ZONE ☒

MULTIPLE
ZONE ☐

2. NAME OF OPERATOR

Sirgo-Collier, 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.)

At surface

Unit 0, 570' FSL 1790' FEL, Sec. 30, T24S, R38E

At proposed prod. zone

Same

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

7 mi NE Jal, New Mexico

15. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drlg. unit line, if any)

3465'
(570')

16. NO. OF ACRES IN LEASE

320

17. NO. OF ACRES ASSIGNED
TO THIS WELL

40

18. DISTANCE FROM PROPOSED LOCATION*
TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

660'

19. PROPOSED DEPTH

3900'

20. ROTARY OR CABLE TOOLS

Rotary

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

3132' GR

22. APPROX. DATE WORK WILL START*

May 1988

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12-1/4"	8-5/8"	24#	420'	250 sx, <u>circ to surface</u>
7-7/8"	5-1/2"	15.5 & 17#	3900'	1000 sx, <u>circ to surface</u>

The Queen zone will be selectively perforated and acidized as needed for optimum water injectivity results.

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CARTER
AREA

Texaco Producing, Inc. operates the West Dollarhide Drinkard Unit #32, also located in this quarter quarter section.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24.

SIGNED Amy L. Whitley TITLE Agent DATE March 9, 1988

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY Scott Nelson TITLE Water DATE 4-20-88

CONDITIONS OF APPROVAL, IF ANY:

WFX-570

*See Instructions On Reverse Side

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HOBBS OFFICE