

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 I, 1790' FSL 565' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DT, RT, GR, etc.)
3168' GR

7. UNIT AGREEMENT NAME
West Dollarhide Queen Sand

8. FARM OR LEASE NAME
Unit

9. WELL NO.
152

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 ☐ 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 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).*

2-27-90 RIH w/2-3/8 x 5-1/2 AD-1 injection pkr, SN & 118 jts 2-3/8" thg. Set pkr @ 3564', SN @ 3562', & tbg @ 3560'. Circ 100 bbls 2% KCL w/one drum WT-1270 pkr fluid. Test backside to 500# for 30 min. - tested okay. NU wellhead. Tie into injection line.

2-28-90 Start injection. Inject w/580 BWPD @ 800# psi.

RECEIVED
MAR 15 10 55 AM '90
OCT 11 1989

ACCEPTED FOR RECORD

Adm

MAR 31 1990

CARLSBAD, NEW MEXICO

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

SIGNED Bonnie Alwater

TITLE Production Technician

DATE 3-14-90

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side