

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NEW MEXICO OIL & GAS COMMISSION
DRAWER DD

LEASE DESIGNATION AND SERIAL NO.

NM-53377

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Holly B Federal

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Square Lake GB-SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 4, T-17S, R-30E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

1. OIL WELL ☒ C. D. WELL ☐ OTHER ☐
2. NAME OF OFFICE

3. ADDRESS OF OPERATOR

Dickson Petroleum, Inc. ✓

(Arlen Dickson)

(915-686-9559)

P.O. Box 50160, Midland, Texas 79710

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface

990' FSL & 830' FWL of Section

(Unit M)

(SW/4 SW/4)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)

3704 GL

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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐TD & Set Casing ☒

(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.)*

8/2/85 Pressure tested 1000 lbs. for 30 minutes. Okay. Commenced drilling.

8/6/85 TD at 3080' at 6:00 A.M. New Mexico time on 8/6/85. Totco 3/4" at 3080'. Logged. Set 5 1/2" 17# casing at 3080'. Cemented with 300 sxs Pacesetter light and 300 sxs Class C. WOC. Plugged down at 4:00 A.M. 8/7/85.

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

SIGNED Marlys ReynoldsTITLE ConsultantDATE 8/7/85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

AUG 12 1985

*See Instructions on Reverse Side