...CONS. COMMISSION
...DD.
ARTESIA, NM 88210

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.)

RECEIVED BY
JUL 29 1985
O. C. D.
ARTESIA, OFFICE

1. OIL WELL [X] GAS WELL [ ] OTHER

2. NAME OF OPERATOR
Dickson Petroleum, Inc. ✓

3. ADDRESS OF OPERATOR
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/4SW/4)

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

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3704 G.L.

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

16. **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) * Correct spelling of well name X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
(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.) *

Correct spelling of well name from Holley B Federal to " Holly B Federal".

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

SIGNED *Marlys Reynolds* TITLE Consultant DATE 7/25/85

(This space for Federal or State office use)

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

***See Instructions on Reverse Side**