

C/SF

NM OIL CONS. COMMISSION

Drawer DD

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or recomplete back to a different reservoir. Use "APPLICATION FOR PERMIT" for such proposals)

RECEIVED
AUG 08 1985

1. OIL WELL ☒ 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' IWL of Section (Unit M) (SW/4 SW/4)	5. IF INDIAN, ALLOTTEE OR TRIBE NAME	6. UNIT AGREEMENT NAME	7. FARM OR LEASE NAME Holly B Federal	8. WELL NO. #1	9. FIELD AND POOL, OR WILDCAT Square Lake GB-SA	10. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4, T-17S, R-30E	11. COUNTY OR PARISH Eddy	12. STATE NM
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3704 G.L.										

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	☐
FRAC TURE TREAT	☐	MULTIPLE COMPLETION	☐	FRAC TURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other) Spudding	☒		☒
(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.) *

7/31/85 Spudded at 8:15 P.M. New Mexico time. Formation red bed & sand.
TD at 345'. Totco 1 1/2" at 345'. Bit #1 type J-11 made 345' in 5 3/4 hrs.

I hereby certify that the foregoing is true and correct

SIGNED Marlys Reynolds TITLE Consultant DATE 8/2/85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

SWD
AUG 6 1985

*See Instructions on Reverse Side