

RECEIVED BY **DEPARTMENT OF THE INTERIOR** (Other than Bureau of Land Management) **BUREAU OF LAND MANAGEMENT** **NM OIL CONS. COMMISSION** **Drawer DD** **88210**

**AUG 13 1985** **SUNDY 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.)

**O.C.D.**

1. **ARTESIA OFFICE** ☒ **WELL** ☐ **OTHER**

2. **NAME OF OPERATOR** **Dickson Petroleum, Inc.** (Arlen Dickson) (915-686-9559)

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/4 SW/4)

14. **PERMIT NO.** **15. ELEVATIONS** (Show whether DF, RT, GR, etc.) **3704 GL**

5. **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** **Eddy** **13. STATE** **NM**

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

**NOTICE OF INTENTION TO:**

<b>TEST WATER SHUT-OFF</b> <input type="checkbox"/>	<b>PULL OR ALTER CASING</b> <input type="checkbox"/>	<b>WATER SHUT-OFF</b> <input type="checkbox"/>	<b>REPAIRING WELL</b> <input type="checkbox"/>
<b>FRACTURE TREAT</b> <input type="checkbox"/>	<b>MULTIPLE COMPLETE</b> <input type="checkbox"/>	<b>FRACTURE TREATMENT</b> <input type="checkbox"/>	<b>ALTERING CASING</b> <input type="checkbox"/>
<b>SHOOT &amp; ACIDIZE</b> <input type="checkbox"/>	<b>ABANDON*</b> <input type="checkbox"/>	<b>SHOOTING OR ACIDIZING</b> <input type="checkbox"/>	<b>ABANDONMENT*</b> <input type="checkbox"/>
<b>REPAIR WELL</b> <input type="checkbox"/>	<b>CHANGE PLANS</b> <input type="checkbox"/>	<b>(Other)</b> <b>Set Surface Casing</b> <input checked="" type="checkbox"/>	
<b>(Other)</b> <input type="checkbox"/>		<b>(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</b>	

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.)\*

8/1/85 Set 345' of 8 7/8" 24# casing at 345'. Cemented with 300 sxs of Class C. Circulated 20 sxs. WOC 18 hrs.



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

SIGNED Marilyn Reynolds TITLE Consultant DATE 8/05/85

(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