

6/5F

BUREAU OF LAND MANAGEMENT

SUNDAY 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		2. NAME OF OPERATOR O. C. D. (Arlen Dickson) Dickson ARTESIA OFFICE, Inc. (915-688-9559)		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 1650' FEL & 430' FSL of Section (Unit 0) (SW/4 SE/4)		5. ELEVATIONS (Show whether DT, RT, GR, etc.) 3236' GR		6. IF INDIAN, ALLOTTEE OR TRIBE NAME		7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME Jo Federal		9. WELL NO. #1		10. FIELD AND POOL, OR WILDCAT Fren SR		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21, T-17S, R-30E		12. COUNTY OR PARISH Eddy		13. STATE New Mexico	
--	--	--	--	--	--	--	--	---	--	--------------------------------------	--	------------------------	--	-------------------------------------	--	-------------------	--	---	--	---	--	------------------------------	--	-------------------------	--

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANE	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)		Set Surface Casing	<input checked="" type="checkbox"/>

(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.)

8/7/85 TD at 340'. Totco 1/2" at 340'. Set 320' of 8 5/8" 24# casing at 340'. Cemented with 300 sxs Class C, 5 lbs. per sxs of Hi-Cele and 2% CaCl, 11 loads of fresh water. Plugged down at 1:15 A.M. 8/8/85 New Mexico time. WOC 18 hrs..



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

SIGNED Marlyn Reynolds TITLE Consultant DATE 8/8/85

(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