

N. M. O. C. C. COPY  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE.  
(Other instructions on re-  
verse side)

Form approved  
Budget Bureau No. 42-R1424.

copy to SF

**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**

1. <b>OIL WELL</b> <input checked="" type="checkbox"/> <b>GAS WELL</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/>	
2. <b>NAME OF OPERATOR</b> Holly Energy Inc.	
3. <b>ADDRESS OF OPERATOR</b> P. O. Box 726 Artesia, New Mexico	
4. <b>LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL and 660' FEL	
14. <b>PERMIT NO.</b>	15. <b>ELEVATIONS</b> (Show whether DF, RT, GR, etc.) 3325.8 GL

5. <b>LEASE DESIGNATION AND SERIAL NO.</b> N M 1373
6. <b>IF INDIAN, ALLOTTEE OR TRIBE NAME</b>
7. <b>UNIT AGREEMENT NAME</b>
8. <b>FARM OR LEASE NAME</b> Holly Federal 23
9. <b>WELL NO.</b> 1
10. <b>FIELD AND POOL, OR WILDCAT</b> Wildcat
11. <b>SEC., T., R., M., OR BLK. AND SURVEY OR AREA</b> Sec 23, T-20-S R-26-E
12. <b>COUNTY OR PARISH</b> Eddy
13. <b>STATE</b> N. M.

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

**NOTICE OF INTENTION TO:**

**SUBSEQUENT REPORT OF:**

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 PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

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) <input 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.)\*

Spudded well on January 29, 1977. On February 6, 1977 ran 222' of 8 5/8" 24# casing. Drilled well to 568'. Found Queen from 444' to 544'. Ran Gamma-Ray Neutron Log on March 19, 1977.

**RECEIVED**

APR 04 1977

U.S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED Robert Loyd TITLE Superintendent DATE March 29, 1977

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL IF ANY:

**APPROVED**

APR 11 1977

\*See Instructions on Reverse Side