

Mayor GARY L. PERKOWSKI

PHONE (505) 887-1191 · P.O. BOX 1569 · CARLSBAD, NM BB221-1569

City Administrator

November 15, 1995

Mr. Arlen Dickson Dickson Petroleum, Inc. P. O. Box 50160 Midland, TX 79710

RE: Application for Permit to re-enter gal well

Dear Mr. Dickson:

Enclosed is a signed copy of your application and Oil & Gas Lease approved by the governing body at its regular meeting held November 14, 1995. If you have any questions or require additional information, please contact me.

Sincerely, Jon R. Tully

City Administrator

JRT:rc Enclosures

Ward 2 DALE JANWAY FRED BLOSS COUNCILORS

Ward 3 DR. TED HAUSER CHUCK WIGGINS Ward 4 HOUSTON CLARK BOB MURRAY

CITY OF CARLSBAD P O BOX 1569

CARLSBAD NM 88221

APPLICATION FOR PERMIT

A separate application shall be required for each well, trunkline pipeline and each water or gas repressurizing or injection facility.

Drill Well

Water/Gas Repressurizing/Injection Facility

Re-enter/Deepen Existing Well

Construct/Operate Gas Pipeline

Applicant Name: Arlen Dickson		Filing Date: 10-26-95		
If not Corporation, name of local attorney as Agent: John Caraway				
if Corporation, Name of Registered Agent:				
Applicant Address: p.O. Box 50160	City: Midland	State/Zip _{TX} 79710		
Proposed site (including location of gathering lines): 2198'	FNL, and 1650' FAI FW	L, Sec. 20, T-22S, R-27E.		
Name of lease owner: Mona Martin Rev. Trust, etal				
Accurate description of well location (with legal description of all acreage dedicated to well or legal description of easements to be used by pipeline):				
2198' FNL and 1650' FWL of Sec. 20, T-22S, R-27 E.				
320 acres being all of the W_2 of Section 20 is dedicated to this well.				
Location with respect to property lines, right-of-way boundaries, and surface contours:				
See attached plat				
Ground elevation at well site: 3136.5 GR.				
Type of derrick: Pulling Unit		osed depth:),900'		

Detailed explanation of operating pressures of all pipelines and facilities:

N/A

Application continued on reverse side.

Location of compressor with operating characteristics:		
N/A		
Location of compressor control with operating characteristics:	N/a	
Location of safety devices with operating characteristics:	N/A	except BOP on wellhead during oper.

Name of person to be notified in case of emergency:	Arlen Dickson- 915-6869559, 915-694-7121 Jim O' Briant 915-683-5511		
Proposed hole size: N/A	Casing Program: N/A		
Mud Program: N/A	Cementing Program: N/A		
Specifications of safety provisions and equipment for installation of any pipeline with pressures in excess of 250 psi:			
N/A			

Have you attached a current certified financial statement? 👷 Yes 🛛 🛛 No

Date: Signature of authorized agent: 10-31-95 Typed or Printed name of authorized agent: Dickson Arken

This application shall be filed with the City Administrator and accompanied by a filing fee of \$500.00 in cash, cashier's check, or certified check made payable to the City of Carlsbad.

Cash, Cashier's Check, Certified Check accompanies application.

D Approved Date: 11-14-95 Disapproved by Council. Permit:

This Permit incorporates by reference and requires compliance with all applicable City Ordinances and regulations.

City Adminis trátor

Date: 11-16-95