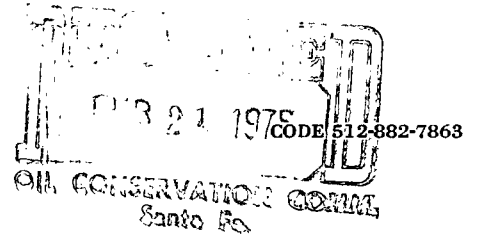


**DALPORT OIL CORPORATION**  
1134 THE 600 BUILDING  
CORPUS CHRISTI, TEXAS 78401

February 13, 1975



Mr. A. L. Porter, Jr.  
NMOCC  
P.O. Box 2088  
Santa Fe, New Mexico 87501

*Rule 3 R-4434*  
*due Mar 23*

Re: Request for Non-Standard Gas Unit  
14S-29E, Sec. 23, NE $\frac{1}{4}$   
160 Acres  
Chaves County, New Mexico

Dear Sir:

In accordance with R-4434, Rule 3, concerning the Double L Queen - Associated Pool, we respectfully request administrative approval of the above non-standard gas unit which will be dedicated to the Dalport Oil Corporation #1 Amoco-Federal, located 1980' FN & EL, Section 23. No additional acreage can be secured to enlarge this unit.

Enclosed are three copies each of C-102 and area plat, as well as certified mail receipts showing notification of offsetting operators.

Very truly yours,

Leon M. Lampert

LML/jb  
Enclosures

cc: Amoco Production Co.  
P.O. Box 3092  
Houston, Texas 77001

Roark & Hooker  
Wagstaff Building  
Abilene, Texas 79604

Sun Oil Company  
P.O. Box 1861  
Midland, Texas 79701

Corinne Grace  
P.O. Box 1418  
Carlsbad, New Mexico

Gulf Oil Corporation  
Gulf Building  
Midland, Texas 79701

Coquina Oil Corporation  
Building of the Southwest  
Midland, Texas 79701

# RECEIPT FOR CERTIFIED MAIL—30¢ (plus postage)

|                                                                                                                                |                                                                                                                                                                                              |                                    |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| SENT TO<br>Coquina Oil Corporation                                                                                             |                                                                                                                                                                                              | POSTMARK<br>OR DATE<br><br>2/13/75 |
| STREET AND NO.<br>Building of the Southwest                                                                                    |                                                                                                                                                                                              |                                    |
| P.O., STATE AND ZIP CODE<br>Midland, Texas 79701                                                                               |                                                                                                                                                                                              |                                    |
| OPTIONAL SERVICES FOR ADDITIONAL FEES                                                                                          |                                                                                                                                                                                              |                                    |
| RETURN<br>RECEIPT<br>SERVICES                                                                                                  | 1. Shows to whom and date delivered ..... 15¢<br>With delivery to addressee only ..... 65¢<br>2. Shows to whom, date and where delivered .. 35¢<br>With delivery to addressee only ..... 85¢ |                                    |
| DELIVER TO ADDRESSEE ONLY ..... 50¢                                                                                            |                                                                                                                                                                                              |                                    |
| SPECIAL DELIVERY (extra fee required) .....                                                                                    |                                                                                                                                                                                              |                                    |
| PS Form 3800 NO INSURANCE COVERAGE PROVIDED— (See other side)<br>Apr. 1971 NOT FOR INTERNATIONAL MAIL * GPO : 1972 O - 460-743 |                                                                                                                                                                                              |                                    |

# RECEIPT FOR CERTIFIED MAIL—30¢ (plus postage)

|                                                                                                                                |                                                                                                                                                                                              |                                    |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| SENT TO<br>Gulf Oil Corporation                                                                                                |                                                                                                                                                                                              | POSTMARK<br>OR DATE<br><br>2/13/75 |
| STREET AND NO.<br>Gulf Building                                                                                                |                                                                                                                                                                                              |                                    |
| P.O., STATE AND ZIP CODE<br>Midland, Texas 79701                                                                               |                                                                                                                                                                                              |                                    |
| OPTIONAL SERVICES FOR ADDITIONAL FEES                                                                                          |                                                                                                                                                                                              |                                    |
| RETURN<br>RECEIPT<br>SERVICES                                                                                                  | 1. Shows to whom and date delivered ..... 15¢<br>With delivery to addressee only ..... 65¢<br>2. Shows to whom, date and where delivered .. 35¢<br>With delivery to addressee only ..... 85¢ |                                    |
| DELIVER TO ADDRESSEE ONLY ..... 50¢                                                                                            |                                                                                                                                                                                              |                                    |
| SPECIAL DELIVERY (extra fee required) .....                                                                                    |                                                                                                                                                                                              |                                    |
| PS Form 3800 NO INSURANCE COVERAGE PROVIDED— (See other side)<br>Apr. 1971 NOT FOR INTERNATIONAL MAIL * GPO : 1972 O - 460-743 |                                                                                                                                                                                              |                                    |

# RECEIPT FOR CERTIFIED MAIL—30¢ (plus postage)

|                                                                                                                                |                                                                                                                                                                                              |                                    |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| SENT TO<br>Corinne Grace                                                                                                       |                                                                                                                                                                                              | POSTMARK<br>OR DATE<br><br>2/13/75 |
| STREET AND NO.<br>P.O. Box 1418                                                                                                |                                                                                                                                                                                              |                                    |
| P.O., STATE AND ZIP CODE<br>Carlsbad, N.M.                                                                                     |                                                                                                                                                                                              |                                    |
| OPTIONAL SERVICES FOR ADDITIONAL FEES                                                                                          |                                                                                                                                                                                              |                                    |
| RETURN<br>RECEIPT<br>SERVICES                                                                                                  | 1. Shows to whom and date delivered ..... 15¢<br>With delivery to addressee only ..... 65¢<br>2. Shows to whom, date and where delivered .. 35¢<br>With delivery to addressee only ..... 85¢ |                                    |
| DELIVER TO ADDRESSEE ONLY ..... 50¢                                                                                            |                                                                                                                                                                                              |                                    |
| SPECIAL DELIVERY (extra fee required) .....                                                                                    |                                                                                                                                                                                              |                                    |
| PS Form 3800 NO INSURANCE COVERAGE PROVIDED— (See other side)<br>Apr. 1971 NOT FOR INTERNATIONAL MAIL * GPO : 1972 O - 460-743 |                                                                                                                                                                                              |                                    |

# RECEIPT FOR CERTIFIED MAIL—30¢ (plus postage)

|                                                                                                                                |                                                                                                                                                                                              |                                    |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| SENT TO<br>Sun Oil Company                                                                                                     |                                                                                                                                                                                              | POSTMARK<br>OR DATE<br><br>2/13/75 |
| STREET AND NO.<br>P.O. Box 1861                                                                                                |                                                                                                                                                                                              |                                    |
| P.O., STATE AND ZIP CODE<br>Midland, Texas 79701                                                                               |                                                                                                                                                                                              |                                    |
| OPTIONAL SERVICES FOR ADDITIONAL FEES                                                                                          |                                                                                                                                                                                              |                                    |
| RETURN<br>RECEIPT<br>SERVICES                                                                                                  | 1. Shows to whom and date delivered ..... 15¢<br>With delivery to addressee only ..... 65¢<br>2. Shows to whom, date and where delivered .. 35¢<br>With delivery to addressee only ..... 85¢ |                                    |
| DELIVER TO ADDRESSEE ONLY ..... 50¢                                                                                            |                                                                                                                                                                                              |                                    |
| SPECIAL DELIVERY (extra fee required) .....                                                                                    |                                                                                                                                                                                              |                                    |
| PS Form 3800 NO INSURANCE COVERAGE PROVIDED— (See other side)<br>Apr. 1971 NOT FOR INTERNATIONAL MAIL * GPO : 1972 O - 460-743 |                                                                                                                                                                                              |                                    |

# RECEIPT FOR CERTIFIED MAIL—30¢ (plus postage)

|                                                                                                                                |                                                                                                                                                                                              |                                    |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| SENT TO<br>Roark & Hooker                                                                                                      |                                                                                                                                                                                              | POSTMARK<br>OR DATE<br><br>2/13/75 |
| STREET AND NO.<br>Wagstaff Bldg.                                                                                               |                                                                                                                                                                                              |                                    |
| P.O., STATE AND ZIP CODE<br>Abilene, Texas 79604                                                                               |                                                                                                                                                                                              |                                    |
| OPTIONAL SERVICES FOR ADDITIONAL FEES                                                                                          |                                                                                                                                                                                              |                                    |
| RETURN<br>RECEIPT<br>SERVICES                                                                                                  | 1. Shows to whom and date delivered ..... 15¢<br>With delivery to addressee only ..... 65¢<br>2. Shows to whom, date and where delivered .. 35¢<br>With delivery to addressee only ..... 85¢ |                                    |
| DELIVER TO ADDRESSEE ONLY ..... 50¢                                                                                            |                                                                                                                                                                                              |                                    |
| SPECIAL DELIVERY (extra fee required) .....                                                                                    |                                                                                                                                                                                              |                                    |
| PS Form 3800 NO INSURANCE COVERAGE PROVIDED— (See other side)<br>Apr. 1971 NOT FOR INTERNATIONAL MAIL * GPO : 1972 O - 460-743 |                                                                                                                                                                                              |                                    |

# RECEIPT FOR CERTIFIED MAIL—30¢ (plus postage)

|                                                                                                                                |                                                                                                                                                                                              |                                    |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| SENT TO<br>Amoco Production Co.                                                                                                |                                                                                                                                                                                              | POSTMARK<br>OR DATE<br><br>2/13/75 |
| STREET AND NO.<br>P.O. Box 3092                                                                                                |                                                                                                                                                                                              |                                    |
| P.O., STATE AND ZIP CODE<br>Houston, Texas 77001                                                                               |                                                                                                                                                                                              |                                    |
| OPTIONAL SERVICES FOR ADDITIONAL FEES                                                                                          |                                                                                                                                                                                              |                                    |
| RETURN<br>RECEIPT<br>SERVICES                                                                                                  | 1. Shows to whom and date delivered ..... 15¢<br>With delivery to addressee only ..... 65¢<br>2. Shows to whom, date and where delivered .. 35¢<br>With delivery to addressee only ..... 85¢ |                                    |
| DELIVER TO ADDRESSEE ONLY ..... 50¢                                                                                            |                                                                                                                                                                                              |                                    |
| SPECIAL DELIVERY (extra fee required) .....                                                                                    |                                                                                                                                                                                              |                                    |
| PS Form 3800 NO INSURANCE COVERAGE PROVIDED— (See other side)<br>Apr. 1971 NOT FOR INTERNATIONAL MAIL * GPO : 1972 O - 460-743 |                                                                                                                                                                                              |                                    |

379564 No.

|                                                       |                                                          |                                                                                                   |                                                   |                                   |
|-------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------|
| <p>23</p> <p>Pan Amer. 2-1-73 0333078</p> <p>U.S.</p> | <p>27</p> <p>Amoco, et al 2-1-73 0333078</p> <p>U.S.</p> | <p>26</p> <p>Pan Amer. et al 2-1-73 0333078</p> <p>Pan Amer. et al 2-1-73 0333494</p> <p>U.S.</p> | <p>25</p> <p>O. Miller 9-1-76 353</p> <p>U.S.</p> | <p>29</p> <p>7-82</p> <p>U.S.</p> |
| <p>33</p> <p>U.S.</p>                                 | <p>34</p> <p>U.S.</p>                                    | <p>35</p> <p>U.S.</p>                                                                             | <p>36</p> <p>U.S.</p>                             | <p>32</p> <p>U.S.</p>             |
| <p>31</p> <p>U.S.</p>                                 | <p>30</p> <p>U.S.</p>                                    | <p>29</p> <p>U.S.</p>                                                                             | <p>28</p> <p>U.S.</p>                             | <p>27</p> <p>U.S.</p>             |
| <p>26</p> <p>U.S.</p>                                 | <p>25</p> <p>U.S.</p>                                    | <p>24</p> <p>U.S.</p>                                                                             | <p>23</p> <p>U.S.</p>                             | <p>22</p> <p>U.S.</p>             |
| <p>21</p> <p>U.S.</p>                                 | <p>20</p> <p>U.S.</p>                                    | <p>19</p> <p>U.S.</p>                                                                             | <p>18</p> <p>U.S.</p>                             | <p>17</p> <p>U.S.</p>             |
| <p>16</p> <p>U.S.</p>                                 | <p>15</p> <p>U.S.</p>                                    | <p>14</p> <p>U.S.</p>                                                                             | <p>13</p> <p>U.S.</p>                             | <p>12</p> <p>U.S.</p>             |
| <p>11</p> <p>U.S.</p>                                 | <p>10</p> <p>U.S.</p>                                    | <p>9</p> <p>U.S.</p>                                                                              | <p>8</p> <p>U.S.</p>                              | <p>7</p> <p>U.S.</p>              |
| <p>6</p> <p>U.S.</p>                                  | <p>5</p> <p>U.S.</p>                                     | <p>4</p> <p>U.S.</p>                                                                              | <p>3</p> <p>U.S.</p>                              | <p>2</p> <p>U.S.</p>              |
| <p>1</p> <p>U.S.</p>                                  | <p>0</p> <p>U.S.</p>                                     | <p>-1</p> <p>U.S.</p>                                                                             | <p>-2</p> <p>U.S.</p>                             | <p>-3</p> <p>U.S.</p>             |

NEW MEXICO OIL CONSERVATION COMMISSION  
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102  
Supersedes C-128  
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

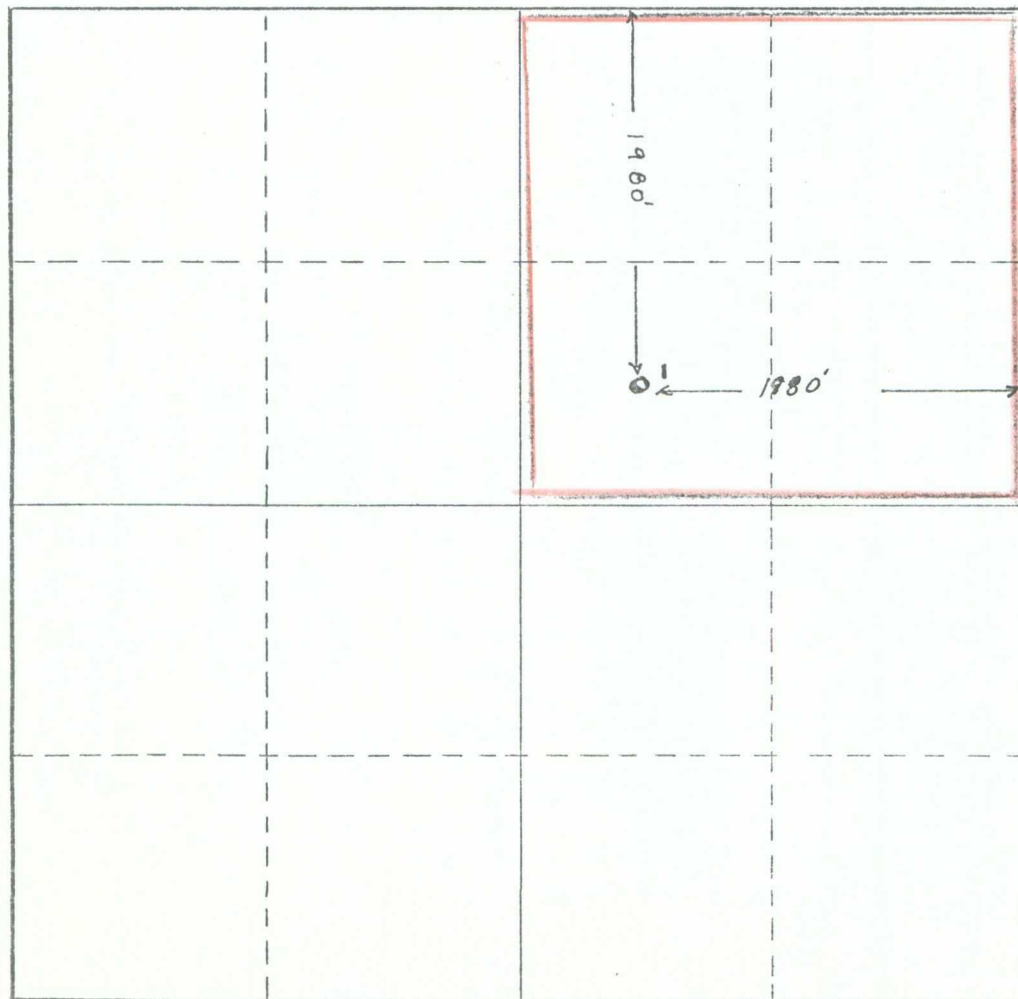
|                                                                                                    |                              |                      |                                   |                  |                                 |
|----------------------------------------------------------------------------------------------------|------------------------------|----------------------|-----------------------------------|------------------|---------------------------------|
| Operator<br>Dalport Oil Corporation                                                                |                              |                      | Lease<br>Amoco Federal            |                  | Well No.<br>1                   |
| Unit Letter<br>G                                                                                   | Section<br>23                | Township<br>14 South | Range<br>29 East                  | County<br>Chaves |                                 |
| Actual Footage Location of Well:<br>1980 feet from the North line and 1980 feet from the east line |                              |                      |                                   |                  |                                 |
| Ground Level Elev.<br>3777.1                                                                       | Producing Formation<br>Queen |                      | Pool<br>Double L-Queen Associated |                  | Dedicated Acreage:<br>160 Acres |

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation \_\_\_\_\_

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

*Leon M. Lampert*

Name  
Leon M. Lampert

Position  
Geologist

Company  
Dalport Oil Corp.

Date  
2-13-75

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

See original C-102 filed as  
Cactus Drilling Corp. #1

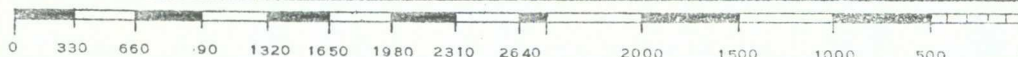
Amoco Federal

Date Surveyed  
Sept. 12, 1972

Registered Professional Engineer  
and/or Land Surveyor

John W. West

Certificate No.



ORIGINAL  
PLAT

NEW MEXICO OIL CONSERVATION COMMISSION  
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102  
Supersedes C-12H  
Effective 1-1-65

All distances must be from the outer boundaries of the Section

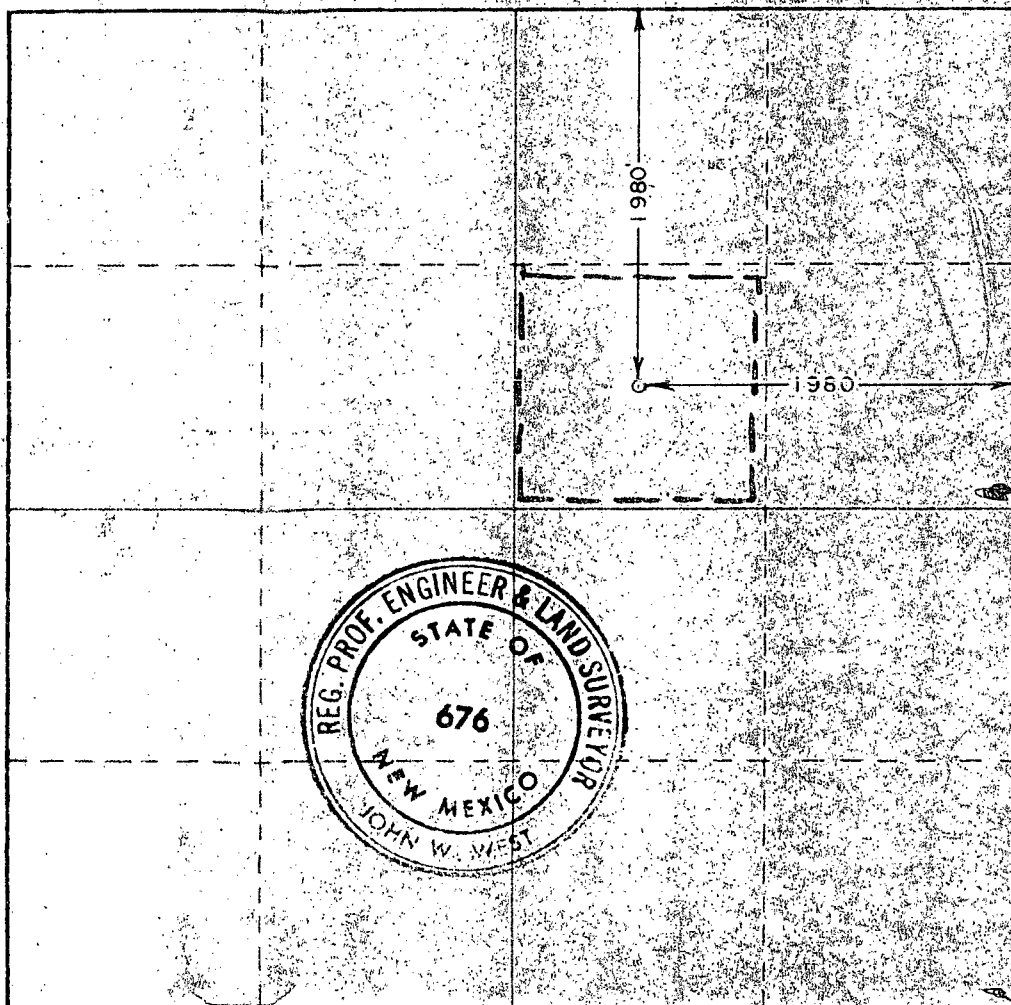
|                                                                                                                                 |                      |                               |                                       |                         |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------|---------------------------------------|-------------------------|
| Operator<br><b>CACTUS DRILLING CORP. OF TEXAS</b>                                                                               |                      | Lease<br><b>AMOCO FEDERAL</b> |                                       | Well No.<br><b>1</b>    |
| Unit Letter<br><b>G</b>                                                                                                         | Section<br><b>23</b> | Township<br><b>14 SOUTH</b>   | Range<br><b>29 EAST</b>               | County<br><b>CHAVES</b> |
| Actual Footage Location of Well:<br><b>1980</b> feet from the <b>NORTH</b> line and <b>1980</b> feet from the <b>EAST</b> line. |                      |                               |                                       |                         |
| Ground Level Elev.<br><b>3777.1</b>                                                                                             | Producing Formation  | Pool<br><b>Double L</b>       | Dedicated Acreage:<br><b>40</b> Acres |                         |

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation \_\_\_\_\_

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_

No allowable will be assigned to the well until all interests have been consolidated (by communization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name Mr. J. H. [Signature]  
Position Vice President  
Company Cactus Drllg. Corp. of Tex.  
Date Sept. 14, 1972

REC'D  
SEP 18 1972  
U.S. GEOLOGICAL SURVEY  
I hereby certify that the well location shown on this plat was obtained from field notes of actual measurements made by me or under my supervision and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed  
**SEPTEMBER 12, 1972**

Registered Professional Engineer  
and/or Land Surveyor  
John W. West  
Certificate No. \_\_\_\_\_