

Form 9-331
(May 1963)

UNIT STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

M. M. O. C. C. COPY
SUBMIT IN TRIPPLIC
(Other instructions on
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

M-0199070-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Amco-Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Double L Queen

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

31, 14S, 30E

12. COUNTY OR PARISH

Chaves

13. STATE

New Mexico

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Dalport Oil Corporation

3. ADDRESS OF OPERATOR

3471 First Natl Bank Bldg. Dallas, Texas 75202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

1980' FS & 660' FWL, Sec. 31, 14S, 30E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

August 5, 1969

Spotted 250 Gal. 15% acid from 1961½ - 71½. Fractured with 25,000 gal. lease crude, 25,000# 20-40 sand, 5000# 10-20 Sand. Formation broke from 3600# to 2200#. Max treating pressure 3500#. Minimum 2900#. Average 3200#. Rate 30 BPM. ISDP 1700# 20" sip 1300#

RECEIVED

AUG 21 1969

D. C. C.
ARTESIA, OFFICE

RECEIVED

AUG 20 1969

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

TITLE **President**

DATE **8-19-69**

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL IF ANY:

TITLE

DATE

AUG 20 1969

ACTING

District Engineer

*See Instructions on Reverse Side