

Form 9-331
(May 1963)

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

SUBMIT IN TRIPPLICATE
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

44-0199070-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Anco-Federal

9. WELL NO.

2

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 Firat Unit 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' FW & 660' FWL

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 COMPLETION

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 12th, 1969

Spotted 250 gal 15% acid 1970 - 74.5. Fractured with 25,000 gals

lease crude, 25,000# 20-40 sand, 5000# 10-20 Sand. Formation broke

2200# - 1100#. Maximum treating pressure 2900#, minimum 2800#

Average 2800#. Rate 37½ BPM. ISD 1800#. 20" SIP 1575#.

RECEIVED

AUG 21 1969

U. S. G.
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

W. L. D. / O. A. / J. /

TITLE

President

DATE

8-19-69

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

ACCEPTED FOR RECORD

ACTING District Engineer

*See Instructions on Reverse Side

AUG 20 1969
Date