

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLE
(Other instructions
reverse side)

Re-

Form approved,
Budget Bureau No. 42 R1421

5. LEASE DESIGNATION AND SERIAL NO.

15-0190070-N

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD AND TOOL, OR WILDCAT

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

12. COUNTY OR PARISH

13. STATE

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.)

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' FWL & 330' FSL Section 31

14. PERMIT NO.

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

3337.6 Gr

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*

Production string

(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 per-
tinent to this work.)*

Cemented 2050' - 5½" 14# used casing w/200 sacks Halliburton light,

50 sacks "C", 50 sacks pozmix 8# salt 2% jel, 50 gals acetic acid

on top of plug.

Plug down 3:30 A. M. March 15th, 1970.

Tested with 600#s 30". Tested O. K.

W. O. C. 60 hrs.

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

SIGNED W. O. C.

TITLE President

DATE 3/19/70

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD PURPOSES

*See Instructions on Reverse Side