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AUG 14 1969

NEW MEXICO OIL CONSERVATION COMMISSION

U. C. C.
ALBUQUERQUE, OFFICEForm C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

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SANTA FE	1
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U.S.G.S.	
LAND OFFICE	
OPERATOR	1

5a. Indicate Type of Lease	State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
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5. State Oil & Gas Lease No.
B-10418-78

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 --" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- dry hole	7. Unit Agreement Name
2. Name of Operator Dalport Oil Corp ✓	8. Farm or Lease Name Spurck-state
3. Address of Operator 3471 First National Bank Bldg. Dallas, Tex	9. Well No. 5
4. Location of Well UNIT LETTER J 1980 FEET FROM THE south LINE AND 1980 FEET FROM THE east LINE, SECTION 36 TOWNSHIP 14 S RANGE 29 E NMPM.	10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.)	12. County Chaves

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
 TEMPORARILY ABANDON ☐
 PULL OR ALTER CASING ☐
 OTHER ☐

PLUG AND ABANDON ☐
 CHANGE PLANS ☐
☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
 COMMENCE DRILLING OPNS. ☐
 CASING TEST AND CEMENT JOBS ☐
 OTHER ☐
 ALTERING CASING ☐
 PLUG AND ABANDONMENT ☒

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

July 30, 1969**TD 3430. Plugged & Abandoned as follows:**

25 SX cement 3200-3100
" " " 1140-1040
" " " 350-250

5 SX " at surface**4' steel marker tacked in casing**

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

SIGNED **Leon M. Sampert** TITLE **Geologist** DATE **8-14-69**

APPROVED BY **[Signature]** TITLE **OIL AND GAS ENGINEER** DATE **APR 1 1970**

CONDITIONS OF APPROVAL, IF ANY: