

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM OIL CONS. COMMISSION
Artesia, NM 88210

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-18221

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

STRANGE-FEDERAL

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

34-14-S-29-E

12. COUNTY OR PARISH 13. STATE

Chaves

New Mexico

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR
DALPORT OIL CORPORATION

3. ADDRESS OF OPERATOR
3471 InterFirst One, Dallas, Texas 75202

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

660 FS & W Lines

14. PERMIT NO.

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

3852.9 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) Cement 4 1/2" Casing

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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.)*

1/30/83 Drilled 7-7/8" hole to TD 1950'

1/31/83 Cement 1950' - 4 1/2" 10.50# new casing with float shoe on bottom and insert shoe on top of bottom joint. Used 125 sxs light and 125 sxs Class C 50% Poz mix, 2% jel, 8#s salt per sx, 250 gals mud flush & 100 gals acetic acid. Plug down @ 11 am. Set slips and cut off casing to nipple up.

RECEIVED

FEB 7 1983

PM 2 44S

MINERALS MANAGEMENT SERVICE
ROSWELL, NEW MEXICO

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

SIGNED

TITLE President

DATE Feb. 3, 1983

(This space for Federal or State office use)

(ORIG. SGD.) DAVID R. GLASS

APPROVED BY
CONDITIONS OF APPROVAL

TITLE

DATE

MINERALS MANAGEMENT SERVICE
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side