

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLI 3*

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.

MM-0158424

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Continental-Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

WC

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

6-16S-30E

12. COUNTY OR PARISH

13. STATE

Edgy New Mexico

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL GAS WELL DRY Other _____

b. TYPE OF COMPLETION: NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. RESVR. 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)

At surface **1980' FNL & 330' FEL**

At top prod. interval reported below

At total depth **Same**

14. PERMIT NO. DATE ISSUED

15. DATE SPUNDED 16. DATE T.D. REACHED 17. DATE COMPL. (Ready to prod.) 18. ELEVATIONS (DF, RKB, RT, GR, etc.) 19. ELEV. HIGH

20. TOTAL DEPTH, MD & TVD **9-22-70 2666** 21. PLUG BACK T.D., MD & TVD **9-27-70 2666** 22. IF MULTIPLE COMPL., HOW MANY* **3814 Gr** 23. INTERVALS DRILLED BY **Rotary** ROTARY TOOLS CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* **None** 25. WAS DIRECTIONAL SURVEY MADE **Yes**

26. TYPE ELECTRIC AND OTHER LOGS RUN **None** 27. WAS WELL CORED **Yes**

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8	20	378	11"	200 sx neat + 2% chloride	None

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
		DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
None			RECEIVED
			OCT 12 1970

33.* PRODUCTION
DATE FIRST PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO

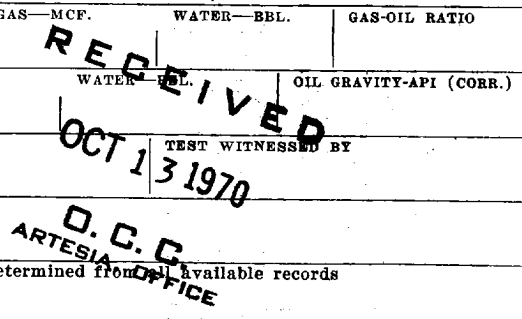
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED **W. L. ...** TITLE **President** DATE **10/6/70**

*(See Instructions and Spaces for Additional Data on Reverse Side)



INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 38, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 36.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. **Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom (s) and name(s) if any for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool. **Item 33:** Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP		BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH				MEAS. DEPTH	TRUE VERT. DEPTH
Dockum	0		380	Red beds	Rustler	380	Same
Rustler	380		430	Anhydrite, salt	Salado	430	"
Salado	430		1090	Salado	Yates	1190	"
Tansill	1090		1190	Anhydrite, dolomite	Seven Rivers	1320	"
Yates	1190		1320	Red Sand, Salt, Red Shale	Penrose	2166	"
Seven Rivers	1320		2166	Anhydrite, red sand, salt	Premier	2652	"
Benrose	2166		2652	Red Sand, Anhydrite, Salt			
Premier	2652		2666	Gray Sand			

38. GEOLOGIC MARKERS