

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYN. M. OIL CONF. COMMISSION
P. O. BOX 1980
HOBBS, NM 88401
SUBMIT IN TRIPLICATE
(Other Instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM - 042253

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Fed. ~~2~~

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Chaveroo

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA26-T~~1~~7S-R33E

12. COUNTY OR PARISH

13. STATE

Roosevelt

NM

1. OIL ☒ GAS ☐
WELL WELL OTHER

2. NAME OF OPERATOR

Dalport Oil Corporation

3. ADDRESS OF OPERATOR

3471 Inter First One Dallas, TX 75202

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

Letter "H" 1980' FNL & 660' FEL

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 ☐PULL OR ALTER CASING ☐FRACTURE TREAT ☐MULTIPLE COMPLETE ☐SHOOT OR ACIDIZE ☐ABANDON* ☒REPAIR WELL ☐CHANGE PLANS ☐(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐REPAIRING WELL ☐FRACTURE TREATMENT ☐ALTERING CASING ☐SHOOTING OR ACIDIZING ☐ABANDONMENT* ☐(Other) ☐(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.)*

DATA: T.D. 4412', Perfs. 4130' - 4269'

8 5/8" csg. set @ 362' - circulated 4 1/2" csg. set @ 4410' w/300' SX

Procedure: Load 4 1/2" csg. with Mud, set C.I.B.P. @ 4000' w/35' cement plug

Run 2 3/8" tbg. to 3150', set cement plug @ 3150' to 3000' tag plug

Shoot 4 1/2" csg. @ 400'; set cement plug, 450' to 300' tag plug

Set 10SX plug @ surface and install dry hole marker.

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

SIGNED Gene Milford TITLE AgentDATE 12/4/87

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED
DATE
PETER W. CHESTER

DEC 9 1987

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side

RECEIVED
DEC 11 1987
CCD
HOBES OFFICE