

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
N. M. OIL CONS. COMMISSION
P. O. BOX 150
HOBBS, NEW MEXICO 88240Form approved.
Budget Bureau No. 42 R1424.
5. LEASE DESIGNATION AND SERIAL NO.

NM-042253

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR DALPORT OIL CORPORATION		8. FARM OR LEASE NAME Federal	
3. ADDRESS OF OPERATOR 3471 InterFirst One, Dallas, Texas 75202		9. WELL NO. #4	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface SE NE Section #26		10. FIELD AND POOL, OR WILDCAT Chaveroo	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 26-7S-33E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DE, RT, GR, etc.)	12. COUNTY OR PARISH Roosevelt	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Permission to Vent Gas	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(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.)*

Permission is requested to vent gas. Volume is not large enough to measure and be commercial.



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

SIGNED Peter W. Chester TITLE President DATE 12/16/85

(This space for Federal or State office use)

APPROVED BY PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

DEC 20 1985

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA
*See Instructions on Reverse Side

RECEIVED

DEC 31 1985

NOV 25 1985