

N. M. OIL CONS. COMMISSION
P. O. BOX 1980
UNITED STATES HOBBS, NEW MEXICO 88240
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form approved.
Budget Bureau No. 42-R1424.

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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-042253	
2. NAME OF OPERATOR DALPORT OIL CORPORATION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 3471 InterFirst One, Dallas, Texas 75202		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface NE NE Section 26		8. FARM OR LEASE NAME FEDERAL	
		9. WELL NO. #3	
		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 DF, 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 ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) Permission to Vent Gas

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

DEC 20 1985