

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

N. M. OIL CORP. 600000000  
P. O. BOX 1980  
HOBBS, NEW MEXICO 88240  
(Other instructions on reverse side)

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. <b>NM-0554963</b>
2. NAME OF OPERATOR <b>DALPORT OIL CORPORATION</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <b>3471 InterFirst One Dallas, Texas 75202</b>		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 <b>1980 FNL &amp; 660 FWL</b>		8. FARM OR LEASE NAME <b>Holbrook-Federal</b>
14. PERMIT NO.		9. WELL NO. <b>#1</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>4007.8</b>		10. FIELD AND POOL, OR WILDCAT <b>Vest Ranch-Queen Assoc</b>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>9 15-S 30-E</b>
		12. COUNTY OR PARISH 13. STATE

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <b>Re establish Production</b> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.)\*

This well has been returned to producing status.

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

SIGNED *Peter W. Chester* TITLE President DATE 4/29/87

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD  
**PETER W. CHESTER**  
DATE \_\_\_\_\_  
**JUN 10 1987**  
BUREAU OF LAND MANAGEMENT  
ROSSELL RESOURCE AREA

\*See Instructions on Reverse Side

**RECEIVED**

**JUN 12 1987**

**OCD  
HOBBS OFFICE**