

30-005-20450

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease	
STATE <input checked="" type="checkbox"/>	FEE <input type="checkbox"/>

5. State Oil & Gas Lease No.

L-414

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		8. Farm or Lease Name State-16	
2. Name of Operator Dalport Oil Corporation		9. Well No. 2	
3. Address of Operator 3471 First National Bank Bldg., Dallas, Texas 75202		10. Field and Pool, or Wildcat Vest Ranch-Queen	
4. Location of Well UNIT LETTER <u>G</u> LOCATED <u>2310</u> FEET FROM THE <u>North</u> LINE AND <u>2310</u> FEET FROM THE <u>East</u> LINE OF SEC. <u>16</u> TWP. <u>14S</u> RGE. <u>30E</u> NMPM		12. County Chaves	
19. Proposed Depth 2225		19A. Formation Queen	
20. Rotary or C.T. Rotary		21. Elevations (Show whether DF, RT, etc.) Statewide	
21A. Kind & Status Plug. Bond Statewide		21B. Drilling Contractor W.E.K. Drilling Corp.	
22. Approx. Date Work will start Aug. 10, 1974			

23. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
15"	10-3/4"	32#	120	120 sx "C"	circulate
7-7/8"	4-1/2"	9#	2200	125 sx lite	1000
				+ 150 sx "C"	

Will evaluate Queen at approx. 2100'. If productive, will cement new 4 1/2" - 9# casing at approx. 2200'; perforate the Queen w/2 SPF, treat w/750 gal. 15% acid, and possibly frac w/30,000 gallons of 2% KCl + 45,000# sand.

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED,

EXPIRES 10-26-74

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Signed Tom McLaughlin Title Geologist Date July 21, 1974

APPROVED BY [Signature] TITLE SUPERVISOR DATE [Signature]
CONDITIONS OF APPROVAL, IF ANY: