

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
N. M. OIL CONS. COMMISSION  
HOBBS, NEW MEXICO 88240

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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 31263
2. NAME OF OPERATOR Dalport Oil Corporation	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1401 Elm Street, #3471, 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 660' FS & WL	8. FARM OR LEASE NAME Holbrook Fed "B"
	9. WELL NO. 1
	10. FIELD AND POOL, OR WILDCAT Vest Ranch-Qn Assoc
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 9 - 15S - 30E
14. PERMIT NO.	12. COUNTY OR PARISH Chaves
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4036.5 gr	13. STATE NM

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

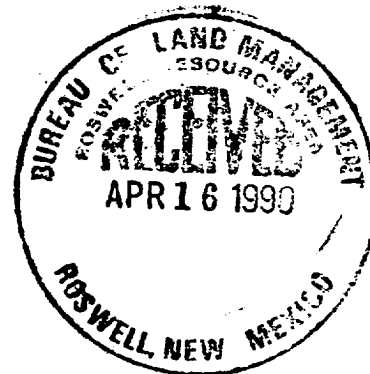
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	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) Authority to vent gas	
(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.)\*

The Phillips gas line that transported gas from this well has been disconnected because the small volume of gas produced was non-commercial. It is uneconomical to lay another gas line to this well.

Lease gas is used to run the pump motor and operate vessels on the lease. There is almost no gas that is vented. We estimate that the lease produces 3.2 MCF per month.

We request permission to vent any gas not used for lease operations.



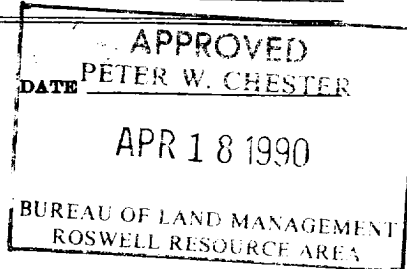
18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Geologist

DATE 4-12-90

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:



\*See Instructions on Reverse Side