

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ gas ☐ other ☒ *change plans for surface casing*
2. NAME OF OPERATOR
Dalport Oil Corporation
3. ADDRESS OF OPERATOR
3471 Inter First Dr., Dallas, TX 75202
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: *1960' FN # EL*
AT TOP PROD. INTERVAL: *same*
AT TOTAL DEPTH: *same*

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☒
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE

Nm 0349 837

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

ARCO - Federal

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Southeast Chavez - Gm Assoc

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

7 - 14 S - 31 E

12. COUNTY OR PARISH

Chavez

13. STATE

Nm

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)

*on "Application to Drill", dated 10-23-84, surface casing (8 5/8")
was to be set at 375' w/ 250 SK C' + 2' 10 C.C.
we will set 950' 8 5/8 - 23 # casing w/ 450 SK cement.
circulate*

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED _____ TITLE *geologist* DATE *11-16-84*

APPROVED

(This space for Federal or State office use)

APPROVED (Orig. Sgd.) PETER W. CHESTER

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NOV 20 1984