

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 ☒ well ☐ gas well ☐ other
2. NAME OF OPERATOR
Dalport Oil Corporation
3. ADDRESS OF OPERATOR
1401 Elm St. #3471, Dallas, TX 75202
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FS & WL
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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other) <u>surface pipe</u>			

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.)*

CORRECTED

Spudded 7-26-88 at 10:30 a.m. Drilled to 765' and ran 765 8-5/8 - 24# new casing. Halliburton cemented w/200 sx. Premium + 4% gel and 200 sx premium + 2% CaCl. Circ. 70 sx, plug down 12:45 am on 7-27-88, WOC 18 hours. Tested BOP 800#. Drilled plug, tested 600# /30". Tested OK

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

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

SIGNED Peter W. Chester TITLE geologist DATE 7-28-88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

5. LEASE
NM 31112
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Yates-Federal
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Wildcat SE Chaves Co gas area assoc
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
35-14S-30E
12. COUNTY OR PARISH
Chaves
13. STATE
NM
14. API NO.
30-005-21076
15. ELEVATIONS (SHOW DF, KDB, AND WD)
4012 KB

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

ACCEPTED FOR RECORD
PETER W. CHESTER

AUG 24 1988

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

RECEIVED

AUG 29 1968

CCC
HOBBS OFFICE