

45F

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Drawer DD
Artesia, NM 88210

105. LEASE

NM-37845

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

RECEIVED BY

JUN 20 1984

7. UNIT AGREEMENT NAME

O. C. D.

8. FARM OR LEASE NAME

ARTESIA, OFFICE

Sheehan Federal

9. WELL NO.

2

10. FIELD OR WILDCAT NAME

Undesignated Abo

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

Section 30, T5S, R24E

12. COUNTY OR PARISH 13. STATE

Chaves

NM

14. API NO.

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

4117.1 GL

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

Estoril Producing Corporation ✓

3. ADDRESS OF OPERATOR

11th Floor Vaughn Bldg., Midland, TX

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1980' FWL & 660' FNL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) ☐

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

RECEIVED
SEP 7 1982

OIL & GAS
U.S. GEOLOGICAL SURVEY
NEW MEXICO

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.)*

9-3-82 Tripped in hole to 1150', set 1st plug from 1150'-850', 300' total, w/ 125 sacks of Class 'C' cement, LD tubing, cut well-head, set 2nd plug from 60' to surface, 60' total, w/ 25 sacks Class 'C' cement, Rigged Down & released rig, Witnessed by USGS, Bob Pitsche.

**This well is now Plugged & Abandoned.

TD 4600'

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

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

SIGNED

Peter W. Chester

TITLE Production Clerk

DATE 9-3-82

APPROVED

(This space for Federal or State office use)

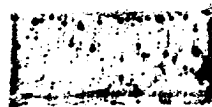
APPROVED (O.C.D.) PETER W. CHESTER

TITLE

DATE

CONDITIONS OF APPROVAL

JUN 19 1984



*See Instructions on Reverse Side

Post ID-2
6-22-84
PFA