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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-

5a. Indicate Type of Lease
State ☐ Fee ☒
5. State Oil & Gas Lease No.

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 -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Estoril Producing Corporation	8. Farm or Lease Name Anderson "1"
3. Address of Operator 400 W. Illinois #1600, Midland, Texas 79701	9. Well No. 1
4. Location of Well UNIT LETTER <u>Q</u> <u>2300</u> FEET FROM THE <u>south</u> LINE AND <u>1100</u> FEET FROM THE <u>east</u> LINE, SECTION <u>1</u> TOWNSHIP <u>16S</u> RANGE <u>36E</u> NMPM.	10. Fluid and Pool, or Wildcat Lovington Penn, NE
15. Elevation (Show whether DF, RT, GR, etc.) 3864.2 GR	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:
REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☒
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

9-8-87 TD 11,700'; PBTD 11,655'. Ran 302 jts 17# & 20# 5½" casing; set at 11,659'. Cemented with 655 sx Class "H" cement with 2% KCL & 1% CF-9. Plug down at 10:45 P.M. 9-8-87. Calculated top of cement at 9500'. WOC 18 hours. Tested casing with 1500 psi. Rig released 9-9-87.

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

SIGNED Becky Middleton

TITLE Prod. Supervisor

DATE 9-15-87

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

APPROVED BY

DISTRICT 1 SUPERVISOR

DATE

CONDITIONS OF APPROVAL, IF ANY: