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

Form C-103
Revised 10-1-76

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-1011 FOR SUCH PROPOSALS.)

1. OIL WELL GAS WELL OTHER
2. Name of Operator: Estoril Producing Corporation
3. Address of Operator: 400 W. Illinois, Suite 1600, Midland, Texas 79701
4. Location of Well: UNIT LETTER U 510 FEET FROM THE south LINE AND 850 FEET FROM THE west LINE, SECTION 6 TOWNSHIP 16S RANGE 37E NMPM.
7. Unit Agreement Name
8. Farm or Lease Name: Anderson '6'
9. Well No.: 1
10. Field and Pool, or Wildcat: Lovington Penn, NE
11. Elevation (Show whether DF, RT, GR, etc.): 38358' GR
12. County: Lea

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

PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING OTHER CASING TEST AND CEMENT JOB
OTHER Set 5 1/2" long string

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.

10-3-86 TD 11,750'. Ran 282 jts 5 1/2" 17# casing; set at 11,750'. Cemented with 20 bbls. Sure-Bond spacer, 530 Sx Cl "H" cement + 8/10% CF-14 + 2/10% WR-2 + 1% gel. Displaced w/217.6 barrels fresh water. PD @ 7:15 PM 10-2-86. Rig released @ 2:00 AM 10-3-86. Top of cement @ 10,000' by temperature survey. WOCU.

Location too wet to move off drilling rig and move in completion unit.

NOTE: Changed from 4 1/2" csg as indicated on original casing program.

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

SIGNED Chiff Presler TITLE Vice President - Engineering DATE 10-8-86

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