	NO. OF COPILS ACCEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS	REQUEST FO	SERVATION COMMISSION R ALLOWABLE IND PORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
	OPERATOR]
•	Estoril Producing Corporation			
ł	Address 11th Floor, Vaughn Bldg., Midland, Texas 79701			
	Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain) Approval to flare cas	sinstread gas from
	Recompletion X Change in Ownership	Oil Dry Gas Casinghead Gas Condensa	 the unit of active of Minerals Manageme 	
I	If change of ownership give name			
	and address of previous owner			
11.	DESCRIPTION OF WELL AND L	Well No. Pool Name, Including Form	nation Kind of Lease State, Federal	or Fee Federal LC-06419);
	oniton rederai			
	Unii Letter;198	OFeet From TheSouthLine o		Lea County
	Line of Section 9 Town			;
m.	DESIGNATION OF TRANSPORT			red copy of this form is to be sent)
	Permian Corporation		P O Box 1183, Houston Address (Give address to which approv	, TX 77001 yed copy of this form is to be sent)
	Ngme of Authorized Transporter of Clar		Is gas actually connected? Whe	en
	If well produces oil or liquids, give location of tanks.		No !	
1V	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA OII Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completio	n = (X) X		Х.
	Date Spudded	Date Compl. Ready to Prod. 11-13-82	Total Depth	82401
	Lievations (Dr., AAD, AT, OA, Cici)	Name of Producting : children	Top Oil/Gas Pay 72941	Tubing Depth 5000 '
	3636.5 GL Perforations	Brushy Canyon		Depth Casing Shoe 13,600 ¹
	7294'-7308'	TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT
	HOLESIZE	CASING & TUBING SIZE	DEPTH SET 5000'	SACKS CEMENT
	8 3/4"	2 3/8" tbg. 2 7/8" tbg.	5000'	
	8 3/4"	2 //o tog.		
•	. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allou- able for this depth or be for full 24 hours)			
V	OII, WELL adde for this at Date First New Oil Run To Tanks Date of Test		Producing Method (Flow, pump, gas lift, etc.)	
	11-13-82	11-27-82	Pum Casing Pressure	Ding Choke Size
	Length of Test 24 hours	Tubing Pressure		Gae • MCF
•	Actual Prod. During Test 80	011-Bbls. 20	Water - Bble. 60	TSTM
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressue (Shut-in)	Casing Pressure (Shut-in)	Choke Size
-	I. CERTIFICATE OF COMPLIAN	 ICE	OIL CONSERV	ATION COMMISSION
v	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the beat of my knowledge and belief.		APPROVED DEC 17 1982	
	above is true and complete to the	ie best of my knowledge and benefit	BYJERRY SEXION TITLEOSTRICT 1 SUPR	
		<i>.</i>	This form is to be filed in	n compliance with RULE 1104.
	Backy M	iddletez	This form is to be filed in completed or a newly drilled or deepened If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow- able on new and recompleted wells. Fill out only Sections I, II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filled for each pool in multiply completed wells.	
		nauwe) Supervisor		
		Capoz		
	12-6-82	Date)		



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