

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instructions
reverse side)

DATE
1 re

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-14799
2. NAME OF OPERATOR Estoril Producing Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 400 W. Illinois #1600, Midland, Texas 79701		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL and 660' FWL		8. FARM OR LEASE NAME Union "A" Federal
14. PERMIT NO. NA		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3644.4 GR		10. FIELD AND POOL, OR WILDCAT Lea (Penn) Gas
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T20S, R34E
		12. COUNTY OR PARISH Lea
		13. STATE New Mexico

18. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

Propose to plug and abandon on March 6, 1989 as follows:

13,070' - CIBP + 35' cement cap
11,034' - 100' cement plug
8,090' - 100' cement plug
4,862' - 50' above & below shoe
4,000' csg stub - 75' in & out of stub & tag
1,568' - 100' cement plug
844' - 50' above & below shoe
50' - surface plug

Will use 9.5 - 10.0# mud.

RECEIVED
FEB 23 9 44 AM '89
CART
ARL

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

SIGNED Cliff Prescher

TITLE V.P. of Engineering

DATE 2-21-89

(This space for Federal or State office use)

APPROVED BY Cliff Prescher

TITLE

DATE 3-13-89

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side