OIL GAS WELL [X]  1. OIL WELL [X]  2. NAME OF OPERATOR  ESTORID PRODUCT  3. ADDRESS OF OPERATOR  400 W. Illinoi  4. LOCATION OF WELL (Report I See also space 17 below.)  At surface  1980' FSL & 19  14. PERMIT NO.  16. Ch  NOTICE  TEST WATER SHUT-OFF  FRACTURE TREAT  SHOOT OR ACIDIZE  REPAIR WELL  (Other)  17. DESCRIBE PROPOSED OR COMPI-  proposed work. If well inent to this work.)  5-6-88 Sp  5-10-88 Ra  Sh  2%	CONDITIONS OF APPROVAL, IF ANY:			9.57 M. 3585	
OIL CAS WELL XX  2. NAME OF OPERATOR  ESTORID PRODUCT  3. ADDRESS OF OPERATOR  400 W. Illinoi  4. LOCATION OF WELL (Report I See also space 17 below.)  At surface  1980' FSL & 19  14. PERMIT NO.  16. Ch  NOTICE  TEST WATER SHUT-OFF  FRACTURE TREAT  SHOOT OR ACIDIZE  REPAIR WELL  (Other)  17. DESCRIBE PROPOSED OR COMPI  proposed work. If well inent to this work.)  5-6-88 Sp  5-10-88 Ra  sh  2%	TITLE		DATE		
(Do not use this form fuse well Gas well Gas well Gas well Gas well Gas well Gas of Operator Estoril Products.  2. Name of Operator Estoril Products.  3. Address of Operator 400 W. Illinoi See also spuce 17 below.) At surface 1980' FSL & 19  14. Permit No.  16. Character treat Short or actoize Repair well (Other)  17. Describe Proposed or complete from the original factorial form to this work.) *  5-6-88 Sp  5-10-88 Ra Sh 2%	State office use)				
(Do not use this form fuse "Use "  OIL	Visococil	Production Superviso	Or DATE	5-10-88	
I.  OIL WELL WELL XX  2. NAME OF OPERATOR  ESTORIL PRODUCT  3. ADDRESS OF OPERATOR  400 W. Illinoi  4. LOCATION OF WELL (Report I See also space 17 below.)  At surface  1980' FSL & 19  14. PERMIT NO.  16.  Ch  NOTICE  TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)  17. DESCRIBE PROPOSED OR COMPIPE PROPOSED WORK. If well inent to this work.)*  5-6-88 Sp  5-10-88 Ra Sh	pregoing is true and correct				
(Do not use this form f Use  OIL				୍ଧି କଥି	
(Do not use this form f Use  OIL				CEIVED	
(Do not use this form f Use  OIL	% caci. Circulated ce	ement to surface. Plug	down at 3:4		
(Do not use this form f Use "  OIL	hoe. Set at 1623'. C	13-3/8" 68# J-55 casing Cemented with 1200 sx C	lass "C" cem	cent with 4% gel	
(Do not use this form f Use "  OIL CAS WELL XX  2. NAME OF OPERATOR  ESTORI Produc  3. ADDRESS OF OPERATOR  400 W. Illinoi  4. LOCATION OF WELL (REPORT I See also space 17 below.)  AT SUITACE  1980 FSL & 19  14. PERMIT NO.  16. Ch  NOTICE  TEST WATER SHUT-OFF  FRACTURE TREAT  SHOOT OR ACIDIZE  REPAIR WELL  (Other)  17. DESCRIBE PROPOSED OR COMPT  proposed work. If well i	spud at 12:01 A.M. 5-6-	88.			
(Do not use this form f Use "  OIL	PLETED OPERATIONS (Clearly state all j is directionally drilled, give subsurfs	pertinent details, and give pertinent cace locations and measured and true v	dates, including esti-	nated date of starting an	
(Do not use this form f Use "  OIL	CHANGE PLANS	(Other)	esults of multiple co- completion Report as	mpletion on Well	
(Do not use this form f Use "  OIL CAS WELL XX  2. NAME OF OPERATOR  ESTORI Produc  3. ADDRESS OF OPERATOR  400 W. Illinoi  4. LOCATION OF WELL (Report I See also space 17 below.)  At surface  1980 FSL & 19  14. PERMIT NO.  16. Ch	ABANDON*	SHOOTING OR ACIDIZING	SURFACE CAS	ING	
(Do not use this form f Use "  OIL WELL WALL XX  2. NAME OF OPERATOR  ESTORI PRODUC  3. ADDRESS OF OPERATOR  400 W. Illinoi  4. Location of Well (Report I See also space 17 below.)  At surface  1980 FSL & 19  14. PERMIT NO.  Ch.	MULTIPLE COMPLETE	FRACTURE TREATMENT		TERING CASING	
(Do not use this form f Use "  OIL CAS WELL XX  2. NAME OF OPERATOR  ESTORIL PRODUCT  3. ADDRESS OF OPERATOR  400 W. Illinoi  4. LOCATION OF WELL (Report I See also space 17 below.)  At surface  1980 FSL & 19	E OF INTENTION TO:	WATER SHUT-OFF	BEEQUENT REPORT OF	F;	
(Do not use this form f Use "  OIL WELL WELL XX  2. NAME OF OPERATOR  ESTORI Produc  3. ADDRESS OF OPERATOR  400 W. Illinoi  4. LOCATION OF WELL (Report I See also space 17 below.)  At surface  1980' FSL & 19	Theck Appropriate Box To Indi	icale Nature of Notice, Report,	or Other Data		
(Do not use this form f Use "  OIL WELL WELL XX  2. NAME OF OPERATOR  ESTORI Produc  3. ADDRESS OF OPERATOR  400 W. Illinoi  4. LOCATION OF WELL (Report I See also space 17 below.)  At surface  1980' FSL & 19	3634.2' GR		Lea	N.M.	
(Do not use this form f Use "  I. OIL WELL WELL XX  2. NAME OF OPERATOR  ESTORI PRODUC  3. ADDRESS OF OPERATOR  400 W. Illinoi  4. LOCATION OF WELL (Report I See also space 17 below.)  At surface	15. ELEVATIONS (Show wh	nether DF, RT, GR, etc.)	ii	OR PARISH 13. STATE	
(Do not use this form f Use "  I. OIL WELL WELL XX  2. NAME OF OPERATOR  ESTORI PRODUC  3. ADDRESS OF OPERATOR  400 W. Illinoi  4. LOCATION OF WELL (Report I See also space 17 below.)  At surface				TOR ARMA TOR ARMA TOR ARMA	
(Do not use this form f Use "  OIL CAS WELL XX  2. NAME OF OPERATOR  ESTORIL PRODUCT  3. ADDRESS OF OPERATOR  400 W. Illinoi  4. LOCATION OF WELL (Report 1				nn) Gas	
(Do not use this form f Use "  OIL CAS WELL XX  2. NAME OF OPERATOR  ESTORI Produc  3. ADDRESS OF OPERATOR	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*			10. FIELD AND POOL, OR WILDCAT	
(Do not use this form f Use "  I.  OIL CAS WELL XX  2. NAME OF OPERATOR  ESTORI] Produc	400 W. Illinois, Suite 1600, Midland, Texas 79701			9. WELL NO.	
(Do not use this form f Use "  I.  OIL CAS WELL WELL XX	Estoril Producing Corporation			Union "A" Federal	
(Do not use this form f Use "	OTHER		8. FARM OR	LEASE NAME	
(Do not use this form f				7. UNIT AGREEMENT NAME	
CHNIDDY	Y NOTICES AND REPO	RTS ON WELLS or plug back to a different reservoir.	6. IF INDIAN	, ALLOTTEE OR TRIBE NAME	
(Formerly 9–331)  DEPARTMI OF THE INTERIOR (Other Instruction of the Interior		NM-147	5. LEASE DESIGNATION AND SERIAL NO. NM-14799		

\*See Instructions on Reverse Side

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