

Form 100-10
November 1985
Bureau of Land Management

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN ORIGINAL
OTHER INSTRUCTIONS ON REVERSE SIDE

Backed Printed
Expires April 1, 1986

LEASE DESIGNATION AND SERIAL

GA 1681 NM-62667

IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐ GAS ☒ OTHER
WELL WELL WELL

2. NAME OF OPERATOR
Kirby Exploration Company

3. ADDRESS OF OPERATOR
P. O. Box 1745, Houston, Texas 77251

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1700' FSL & 1700' FWL

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Turland Federal

9. WELL NO.
1

10. FIELD AND POOL OR WILDCAT (Pro
Eumont Yates 7 RVRS ON Gas)

11. SEC., T., R., M., OR BLE. AND
SURVEY OR AREA
Sec 27-T20S-R37E

12. COUNTY OR PARISH 13. STATE
Lea NM

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

NOTICE OF INTENTION TO		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	BUILD OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETIONS	FRACTURE TREATMENT	ALTERING CASING
SHUT-IN OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANE	OTHER	

17. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.*

Change of Operator XX

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

New Operator: Estoril Producing Corporation
16th Floor Independence Plaza
Midland, Texas 79701

APR 15 1986

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

SIGNED [Signature] TITLE Regulatory Clerk DATE 3-19-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

