

U. S. GEOLOGICAL SURVEY
DEPARTMENT OF THE INTERIOR
HOBBES, NEW MEXICO
P. O. BOX 1880
SEP 14 1982UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ gas ☒ other ☐
2. NAME OF OPERATOR
ESTORIL PRODUCING CORPORATION
3. ADDRESS OF OPERATOR
11th floor, Vaughn Bldg.
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FSL & 1830' FWL of Sec.
AT TOP PROD. INTERVAL: 22
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) NEW PBTD

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

5. LEASE
NM 52659 A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
CURRY FEDERAL
9. WELL NO.
TWO
10. FIELD OR WILDCAT NAME (UNDESIG.
ANTELOPE RIDGE-MORROW GAS)
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 22, T23S, R34E
12. COUNTY OR PARISH LEA 13. STATE NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3476' GL

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.)*

- 8-14-82 Unseated Pkr. POH w/Pkr. & tbgr. LD tbgr. RD pulling unit.
8-17-82 RU Zone WL Serv. PU 5-1/2" CIBP, WIH, set CIBP @ 10,570', capped w/35' cmt. NEW PBTD 10,535'. Plugged off Bone Springs Perforations from 10,629-10,758'. Ran perf. gun & perf. 5-1/2" csg. @ 9900' (top of cmt.) Attempt to circ. mud from behind 5-1/2" csg. w/ neg. results. Perf. 5-1/2" csg. @ 9800' w/ neg. results. RD WL unit.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED L. A. McNeill TITLE CLERK DATE 8-18-82APPROVED BY PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:
SEP 29 1983

*See Instructions on Reverse Side

RECEIVED

OCT 3 1983

O.C.D.
HOBBS OFFICE