

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved
Budget Bureau No. 42 R1424.

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Multi-completion	5. LEASE DESIGNATION AND SERIAL NO. NM 0552659-A
2. NAME OF OPERATOR Estoril Producing Corporation	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Suite 1120, Vaughn Building, 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 1980 1986' FSL and 660' FEL of Section 22	8. FARM OR LEASE NAME Curry Federal
14. PERMIT NO.	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3436 K.B.	10. FIELD AND POOL, OR WILDCAT Antelope Ridge (Strawn)
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22, T23-S, R34-F
	12. COUNTY OR PARISH Lea
	13. STATE N.M.

16. 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 checked="" type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input 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"/>	

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

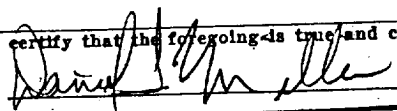
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Subject well was dual completed as a Morrow (gas-condensate) - Strawn (gas-condensate) well utilizing the same equipment as shown and described on the Belco Federal #1 sketch, attached herewith.

RECEIVED
APR 14 1981

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

SIGNED

Agent for
TITLE Estoril Producing Corporation DATE March 27, 1981

(This space for Federal or State use only)

APPROVED BY
CONDITIONS OF

ACCEPTED FOR RECORD

PETER W. CHESTER

APPROVAL, IF ANY:

APR 17 1981

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

TITLE

DATE

See Instructions on Reverse Side