

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO 88240

**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 well ☒ gas well ☐ other ☐  
2. NAME OF OPERATOR  
Estoril Producing Corporation  
3. ADDRESS OF OPERATOR  
11th Floor Vaughn Building  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1980 GSL & 1980 FEL, Sec. 10  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other) <u>alter tubing</u>		

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.)\*

9-9-82 Went in hole with tubing, added 16 joints, 503' of tubing.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Peter W. Chester TITLE Production Clerk DATE 9-13-82

ACCEPTED FOR RECORD (This space for Federal or State office use)	
APPROVED BY PETER W. CHESTER SEP 29 1983	TITLE _____ DATE _____

5. LEASE  
NM-15035  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
\_\_\_\_\_  
7. UNIT AGREEMENT NAME  
\_\_\_\_\_  
8. FARM OR LEASE NAME  
Triple 'A' Federal  
9. WELL NO.  
2  
10. FIELD OR WILDCAT NAME  
Wildcat (Bone Springs)  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 10, T23S, R34E  
12. COUNTY OR PARISH  
Lea  
13. STATE  
New Mexico  
14. API NO.  
\_\_\_\_\_  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3387.8 GL

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

RECEIVED

OCT 3 1983

C.C.D.  
HOBBS OFFICE