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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator Estoril Producing Corporation	
Address 11th Floor, Vaughn Bldg., Midland, TX 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Request for testing allowable of 4000 BBLS.	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Triple "A" Federal	Well No. 2	Pool Name, including Formation Wildcat (Bone Springs)	Kind of Lease State, Federal or Fee Federal	Lease No. NM 15035
Location Unit Letter "J" 1980 Feet From The south Line and 1980 Feet From The east				
Line of Section 10 Township 23-S Range 34-E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Southern Union Refining Co.	Address (Give address to which approved copy of this form is to be sent) Lovington, New Mexico 88260	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Florida Hydrocarbons	Address (Give address to which approved copy of this form is to be sent) P O Box 44, Winter Park, Florida 37290	
If well produces oil or liquids, give location of tanks.	Unit "J"	Sec. 10
	Twp. 23S	Rge. 34E
	Is gas actually connected? No	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

H. J. Richardson
(Signature)
Production Clerk
(Title)
5-3-82
(Date)

OIL CONSERVATION COMMISSION
APPROVED MAY 5 1982, 19_____
BY JERRY SEXTON
TITLE DISTRICT CLERK

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

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HOBBS OFFICE

LANDIS DRILLING COMPANY
POST OFFICE BOX 3579
MIDLAND, TEXAS 79702

OPERATOR Estoril Production Co. ADDRESS 1120 Vaughn Building, Midland
LEASE NAME Triple "A" Federal WELL NO. #2 FIELD
LOCATION 1980'FSL & 1980'FEL, Sec. 10, T-23-S, R-34-E, Lea County, NM

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
151	1	2.63	2.63
335	3/4	2.41	5.04
520	1/2	1.62	6.66
708	1/4	.82	7.48
1206	Bull's eye	0	7.48
1518	1/4	1.36	8.84
1799	1/2	2.45	11.29
2105	1/2	2.67	13.96
2294	3/4	2.47	16.43
2512	3 3/4	14.26	30.69
2568	3 1/2	3.42	34.11
2690	3 1/4	6.92	41.03
2780	2 1/2	3.93	44.96
2908	3	6.70	51.66
3011	3	5.39	57.05
3104	3	4.87	61.92
3195	2 3/4	4.37	66.29
3280	2 3/4	4.08	70.37
3336	2 1/2	2.44	72.81
3491	2	5.41	78.22
3670	1	3.12	81.34
3981	1/2	2.72	84.06
4308	1	5.71	89.77
4790	2	16.82	106.59
4950	2	5.58	112.17
5482	1	9.28	121.45
5982	3/4	6.55	128.00
6524	3/4	7.97	135.95
6752	Bull's eye	0	135.95
7246	1/4	2.16	138.11
7806	1/2	4.89	143.00
8284	1/2	4.17	147.17
8720	3/4	5.71	152.88
9221	3/4	6.56	159.44
9719	3/4	6.52	165.96
9926	1 1/4	4.52	170.48
10,400	1 3/4	14.48	184.96
10,895	1	8.64	193.60
11,300	1	7.07	200.67

hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

LANDIS DRILLING COMPANY

Gary W. Chappell
1112 Contracts Manager

AFFIDAVIT:

Before me, the undersigned authority, appeared Gary W. Chappell known to me to be the person whose name is subscribed herebelow, who on making deposition, under oath states that he is acting for and in behalf of the Operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

Gamela A. Hughes
AFFIDANT'S SIGNATURE

born and subscribed to in my presence on this the 18th day of February, 1961

Gamela A. Hughes
Notary Public in and for the

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MAY 4 1982

**O.C.D.
HOBBS OFFICE**