

UNITED STATES ~~HOBBBS~~, NEW MEXICO
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 ☒ well gas ☐ well other ☐
2. NAME OF OPERATOR
ESTORIL PRODUCING CORPORATION
3. ADDRESS OF OPERATOR
11th Floor, Vaughn Bldg., Midland, Tx
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: Sec. 10, 660' FSL & 1980' FWL
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) Acidize	<input type="checkbox"/>	<input type="checkbox"/>

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.)*

11-7-83 PU 5½" pkr, 2 3/8" tbg, WIH, RU Western Co. Acid equip, circ hole w/2% KCL wtr, set pkr @ 5117', acidized perfs from 5200'-5216'w/ 3000 gal 7½% HCL acid @ 48 ball sealers. Drop balls in 4 stages w/12 balls per stage. Slight ball action on first 3 stages, had 900# increase on fourth stage. 1900# max 2550#, min 1500#, avg rate 3 BPM, SD PP 900#, 14 min 700#, total LWTR 96 barrels, RD acid equip, RU swab, commence swabbing, swab 50 BLW, no show of oil or gas, FL 3000' FS, SI SD.

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

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

SIGNED Sharon Klorin TITLE Prod. Clerk DATE 1-11-83

ACCEPTED FOR RECORD	
(This space for Federal or State office use)	
(ORIG. SGD.) DAVID R. GLASS	
APPROVED BY	DATE
CONDITIONS OF APPROVAL	JAN 17 1983
MINERALS MANAGEMENT SERVICE ROSWELL, NEW MEXICO	

*See Instructions on Reverse Side

88240 ASE
NM 13838
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
ALTA FEDERAL
9. WELL NO.
ONE
10. FIELD OR WILDCAT NAME
UNDESIGNATED BONES SPRINGS
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 10, T20S, R34E
12. COUNTY OR PARISH
LEA
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3389.9' GL

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

RECEIVED

OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO