

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

N. M. REGISTRATION COMMISSION

5. LEASE P. O. BOX 1980  
NM 13838 HOBBS, NEW MEXICO 88240  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐

MINERALS INVEST. SERVICE  
ROSWELL, NEW MEXICO

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:

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

SUBSEQUENT REPORT OF:

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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.)

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.)\*

10-24-82 Spotted 200 gallons of 15% HCl acid across perfs.  
RU & acidized w/ 2500 gallons of 15% HCl acid & 200  
gallons treated wtr w/ 36 ball sealers.

10-27-82 Fraced perfs 5456'-5466', 5502'-5518' w/ 12,000 gallons  
gelled wtr & 21,000# Sand. Dropped 300 lbs rock salt  
mixed in 500 gallons of gelled brine wtr. Blocked perfs  
w/ rock salt.

Subsurface Safety Valve: Manu. and Type

Set @ . . . . . Ft.

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

SIGNED Peter W. Chester TITLE Prod. Clerk DATE 11-8-82

ACCEPTED FOR RECORD (This space for Federal or State office use)

APPROVED BY

PETER W. CHESTER

CONDITIONS OF APPROVAL, IF ANY:

SEP 29 1983

RECEIVED

OCT 3 1983

O.C.D.  
HOBBS OFFICE