

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

P. O. BOX 1980

ROSBURG, NEW MEXICO

5. LEASE NO.
NM-13641

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 ☐ gas ☒ well ☐ other

2. NAME OF OPERATOR
ESTORIL PRODUCING CORPORATION

3. ADDRESS OF OPERATOR
11th FLOOR, VAUGHN BLD, MIDLAND TX

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FSL & 990' 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:

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

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

RECEIVED

JAN 14 1983

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

OIL & GAS
MINERALS MGMT. SERVICE

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS, 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.*

- 1-12-83 Ran 175 jts of 33.79# 7 5/8" csg, cmt w/1200 SXS Halliburton lite, w/6/10 of 1% Halad 22 + 1/4 lb/SXS flocele, 5 lb/SXS Gilsonite, 3 lb/SXS KCL, followed by 300 SXS class "H" cmt, w/6/10 of 1% Halad 22 + 3 lb/SXS KCL, displace w/387 barrels 9 lb mud, did not bump plug good circ through out cmt job, cmt slurry 482 barrels, top of liner @ 4579', bottom of liner @ 11,721'.
- 1-13-83 3 hrs squeeze top 7 5/8" liner, ran temp surv., top cmt @ 5950', RIH w/RTTS pkr, pump in top liner w/800# w/3 BPM, mix & pump 400 SXS class "H" cmt + 1/4 lb/SXS flocele + 2% CACL, squeeze press w/1000#, POH w/RTTS pkr, WOC, RIH w/bit, tag cmt @ 4500'.

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

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

SIGNED Sharon Kloxin TITLE PROD. CLERK DATE 1-13-83

APPROVED BY
CONDITIONS OF

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

(ORIG. SGD.) DAVID R. GLASS

DATE _____

JAN 14 1983

MINERALS MANAGEMENT SERVICE
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

1. **REPORTING OFFICER'S NAME AND POSITION:** [Name], [Position]
 2. **REPORTING OFFICER'S ADDRESS:** [Address]
 3. **REPORTING OFFICER'S PHONE NUMBER:** [Phone Number]
 4. **REPORTING OFFICER'S FAX NUMBER:** [Fax Number]
 5. **REPORTING OFFICER'S E-MAIL ADDRESS:** [Email Address]
 6. **REPORTING OFFICER'S SIGNATURE:** [Signature]
 7. **REPORTING OFFICER'S DATE:** [Date]
 8. **REPORTING OFFICER'S TIME:** [Time]
 9. **REPORTING OFFICER'S LOCATION:** [Location]
 10. **REPORTING OFFICER'S COMMENTS:** [Comments]

RECEIVED

JAN 18 1983

0.00
HOBBS OFFICE