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Form 9-331
Dec. 1973

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved
Budget Bureau of the Office

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

El Ran, Inc.

3. ADDRESS OF OPERATOR

P.O. Box 911, Lubbock, TX 79408

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1980' FSL & 1980' FEL

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:

5. LEASE

L-6812

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Pennzoil "A" State

9. WELL NO.

#1

10. FIELD OR WILDCAT NAME

S. Pecos Slope

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 16, T9S, R26E

12. COUNTY OR PARISH

Chaves

13. STATE

N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

(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.)*

1. Set CIBP at 4250' and spot 35' cement plug on top.
2. Load hole with 9.5# mud and spot a 100' cement plug from 982' to 882'. Tag plug.
3. Load hole with 9.5# mud and spot a 50' cement plug at surface.
4. Set well marker.

Subsurface Safety Valve: Manu. and Type

Set @

Ft.

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

SIGNED Wm. Form TITLE Vice President DATE 12/13/89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: