Submit 3 Copies to Appropriate Energy, Minerals and Natural Resources Department C 103 District Office	
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DISTRICT OIL CONSERVATION DIVISION	
P.O. Box 1960, Hosser, NM 88240 P.O. Box 2088	
P.O. Drawer DD, Artesia, NM 88210 Salita PC, New IVIEXICO 87504-2088 5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 6. State Oil & Gas Lease No.]
V-4460	~~~
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TOA DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS IV 1 Time of Walk	
1. Type of Well: OL WELL A WELL OTHER OF RECEIVED A WELL BB State Lease 2. Name of Openior 3. Name of Openior	
I. Type of Well: OL OL OL OL OL WELL WELL OTHER OL RECENTED A OL 2. Name of Operator OL OL OL OL	
El Ran, Inc.	
2. Name of Operator 60 0CD 0 8. Well No. 2. El Ran, Inc. 2 2 2 3. Address of Operator 9. Pool name or Wildcat 9. Pool name or Wildcat P. O. Box 911 Lubbock, TX 79408 9. Pool name or Wildcat 4. Weil Location 9. Pool name or Wildcat	
Unit Letter <u>N</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1780</u> Feet From The <u>West</u> L	ine
Section 16 Township 19S Range 31E NMPM Eddy County	,
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3480 ' GR	$\overline{\mathcal{D}}$
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF	
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TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT	П
PULL OR ALTER CASING	
OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed	R
work) SEE RULE 1103. Operator intends to perform the following work:	
 MIRU Pulling Unit; GIH with 4 3/4 bit scraper and clean out well bore PBTD. Remove sand and debris. 	to
2) TIH with packer and swab test Delaware perf at 5300-5450. Treat if necessary.	
3) Run rods and pump. Install pumping unit.	
4) Place well on production.	
Well was previously completed and never produced due to change in operato	r.
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SKINATURE Kourt KRanch IIILE President DATE DATEDATE	
TYPE OR PRINT NAME RObert R. Ranck TELEPHONE NO. 806-76	3-4091
(This space for State Use)	
APTROVED BY STELLE STUPPPINEL	