

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
P. O. BOX 1980
HOBBS, NEW MEXICO 58240

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

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FSL & 1980' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: Same

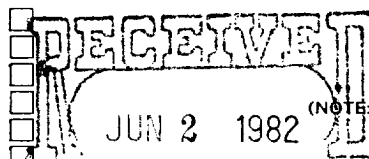
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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) Convert Well to Salt Water Disposal

SUBSEQUENT REPORT OF:



OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

NM 18846
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
9. WELL NO. U. S.
10. FIELD OR WILDCAT NAME 1
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 34, T7S, R32E
12. COUNTY OR PARISH Roosevelt 13. STATE New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD) 4493.5 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.)*

Well is currently producing approximately 1 BOPD and 12 water which is uneconomical. Therefore, we request permission to convert the well to a Salt Water Disposal. Attached you will find a copy of the application to the state.

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

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

SIGNED [Signature] TITLE Vice-President DATE June 1, 1982

APPROVED BY (Or, Seal) PETER W. CHESTER (This space for Federal or State office use)
TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JUN 3 1982

FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR

SUBJECT TO LIKE
APPROVAL BY STATE

*See Instructions on Reverse Side

RECEIVED

JUN 4 1982

C.C.D.
HOBBS OFFICE