N. M. OIL CONS. COMMISSIO.
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

Form 9-331 Dec. 1973 Form Approved. Budget Bureau No. 42-R1424 UNITED STATES 5. LEASE DEPARTMENT OF THE INTERIOR NM 13999A -**GEOLOGICAL SURVEY** 6. IF INDIAN, ALLOTTEE OR TRIBE NAME SUNDRY NOTICES AND REPORTS ON WELLS 7. UNIT AGREEMENT NAME (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.) Æ 8. FARM OR LEASE NAME 1. oil gas Phillips Federal × well well other 9. WELL NO. #1 2. NAME OF OPERATOR El Ran, Inc. 10. FIELD OR WILDCAT NAME 3. ADDRESS OF OPERATOR Chaveroo Field P.O. Box 911, Lubbock, Texas 79408 11. SEC., T., R., M., OR BLK. AND SURVEY OR 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) Section 13, T8South, R32East AT SURFACE: Unit Letter I, 330' FEL & 1980' 12. COUNTY OR PARISH 13. STATE AT TOP PROD. INTERVAL: same FSL Chaves AT TOTAL DEPTH: N.M. 44781 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 4429 G.L. REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone PULL OR ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE **CHANGE ZONES** ABANDON* (other) 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.)* Set CIBP at 4218' and spot 35' cement plug on top. 1. 2. Run freepoint and cut casing off and pull 4 1/2" casing. Load hole with 9.5# mud and spot 100' cement plug across the 4 1/2 casing Tag plug. 4. Load hole with 9.5# mud and spot 100' cement plug from 1747' to 1647'. Tag plug. 5. Load hole with 9.5# mud and spot a 50' cement plug at surface. Set marker and back rip location and road. Subsurface Safety Valve: Manu. and Type ____ Set @ 18. I hereby certify that the foregoing is true and correct Vice-President 8/13/88 (This space for Federal or State office use APPROVED APPROVED BY

*See Instructions on Reverse Side

CONDITIONS OF APPROVAL, IF ANY:

MANAGEME!