

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICAT

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1. TYPE OF WELL: OIL WELL GAS WELL DRY Other
 b. TYPE OF COMPLETION: NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. RESVR. Other

2. NAME OF OPERATOR
El Ran, Inc.

3. ADDRESS OF OPERATOR
1603 Broadway, Lubbock, Texas 79401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface **1650 FNL & 2200 FWL**

At top prod. interval reported below
At total depth **SAME**

14. PERMIT NO. **N/A** DATE ISSUED **N/A**

15. DATE SPUDDED **10/4/79** 16. DATE T.D. REACHED **10/11/79** 17. DATE COMPL. (Ready to prod.) **10/21/79**

18. ELEVATIONS (SP. RES. RT. OR, ETC.) **4497 GR.**

25. TOTAL DEPTH, MD & TVD **4309** 21. PLUG BACK T.D., MD & TVD **4307** 22. IF MULTIPLE COMPL., HOW MANY* **—**

23. INTERVALS DRILLED BY **0 to 4309**

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
4187 to 4272 San Andres

26. TYPE ELECTRIC AND OTHER LOGS RUN
Side Wall Neutron - Guard

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8	24	1695	12-3/4	550 sacks	Surface
4-1/2	10.5	4308	7-7/8	175 sacks	3400

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2-3/8	4270	4263

31. PERFORATION RECORD (Interval, size and number)
4187, 92; 4205, 16, 18, 46, 51, 55, 58, 68, 70, 72

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.
DEPTH INTERVAL (MD) **4187 - 4272** AMOUNT AND KIND OF MATERIAL USED **9000 gal. HCl Acid 20%**

1 shot per foot. 1/2" holes

38. PRODUCTION

DATE FIRST PRODUCTION **10/22/79** PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) **Flowing** WELL STATUS (Producing or shut-in) **Producing**

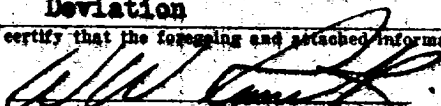
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
10/22/79	24	13/64	→	125	70	0	560-1

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
450	0	→	125	70	0	25

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)
Will be sold to Cities Service

35. LIST OF ATTACHMENTS
Logs Deviation

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.

SIGNED  TITLE **President** DATE **10/23/79**

*(See Instructions and Spaces for Additional Data on Reverse Side)

5. LEASE DESIGNATION AND SERIAL NO.
NM 13999

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Dashner

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
Chaveroo (SA)

11. SEC. T. R. M. OR BLOCK AND SURVEY OR AREA
Sec. 3, T8S, R32E

12. COUNTY OR PARISH
Chaves

13. STATE
New Mexico

18. ELEVATIONS (SP. RES. RT. OR, ETC.) **4497 GR.**

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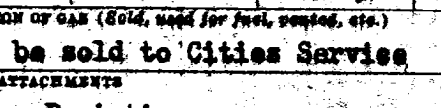
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INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws 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. See instructions on items 22 and 24, and 83, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 25.

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 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s) and bottom(s) and name(s) (if any) for only the interval reported in item 23. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement". Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

ITEM NO.	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	NEAR. DEPTH	TRUE VERT. DEPTH
1						
2						
3						
4						
5						
6						
7	4187	4272	Dolomite	Iates SA	2385 3485	
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88. GEOLOGIC MARKERS

87. SUMMARY OF POROUS ZONES: SHOULD INCLUDE IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; END ALL DRILL-STEM TESTS, INCLUDING DEPTH, INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

86. INFORMATION TO BE FURNISHED TO THE STATE OFFICE

