

30-005-20771

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 ☒ gas ☐
well 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: Unit Letter ^m 990' FWL & 660' FSL
AT TOP PROD. INTERVAL: same
AT TOTAL DEPTH: 4415'

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

NM13999A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Phillips Federal

9. WELL NO.

#4

10. FIELD OR WILDCAT NAME

Chaveroo San Andres

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

Section 13, T8S, R32E

12. COUNTY OR PARISH 13. STATE

Chaves

N.M.

14. API NO.

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

4427 G.L.

(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 4204' and spot 35' cement plug on top.
2. Run freepoint and cut casing off at 1655' and pulled 4 1/2" casing.
3. Load hole w/ mud.
4. Spot 25 sacks cement at 4 1/2 stub 1655' W.O.C. tag plug at 1599'.
5. Load hole w/ mud.
6. Spot 15 sacks cement at surface and set up P.A. marker.

Completed 5/8/92

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

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

SIGNED [Signature] TITLE Engineering Manager DATE 6/19/92

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

Valve or plug is returned until surface restoration is completed.

*See Instructions on Reverse Side

