

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE.

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. 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 **2200 FSL; 2200 FWL**
At top prod. interval reported below
At total depth

14. PERMIT NO. DATE ISSUED
11/19/80

15. DATE SPUNDED **3/24/80** 16. DATE T.D. REACHED **4/1/80** 17. DATE COMPL. (Ready to prod.) **4/3/80**

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* **4481.7 GL** 19. ELEV. CASINGHEAD **4480.7**

20. TOTAL DEPTH, MD & TVD **4396** 21. PLUG, BACK T.D., MD & TVD **4387** 22. IF MULTIPLE COMPL., HOW MANY* **N/A**

23. INTERVALS DRILLED BY ROTARY TOOLS CABLE TOOLS
0 - 4396

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

25. WAS DIRECTIONAL SURVEY MADE
NO

26. TYPE ELECTRIC AND OTHER LOGS RUN
Sidewall Neutron Gamma Ray

27. WAS WELL CORED
NO

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	23	1673	12 3/4	550 Class C	-
4 1/2	10.5	4388	7 7/8	175 Sacks 50/50 POZ	-

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	4200	

31. PERFORATION RECORD (Interval, size and number)

Interval	Size	Number
4164	4236	4257
4175	4248	4261
4182	4252	4263
4234	4255	

22 holes; 1/2"

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
4164 - 4182	3000 gal. 20% HCL
4234 - 4263	3000 gal. 20% HCL

33.* PRODUCTION

DATE FIRST PRODUCTION **4/3/80** PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) **Flowing** WELL STATUS (Producing or shut in) **Producing**

DATE OF TEST **4/4/80** HOURS TESTED **24** CHOKER SIZE **16/64** PROD'N. FOR TEST PERIOD **→** OIL—BBL. **96** GAS—MCF. **200** WATER—BBL. **0** GAS-OIL RATIO **25**

FLOW. TUBING PRESS. **500** CASING PRESSURE **625** CALCULATED 24-HOUR RATE **→** OIL—BBL. **96** GAS—MCF. **200** WATER—BBL. **0** OIL GRAVITY-API (CORR.) **25**

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) **Sold** TEST WITNESSED BY **Donnie Joster**

35. LIST OF ATTACHMENTS
SWH, GR, Hole Deviation

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

SIGNED **Robert R. Ranch** TITLE **Vice-President** DATE **4/9/80**

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

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 33, 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.), formations 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 35.

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), bottom(s) and name(s) (if any) for only the interval reported in item 33. 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.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES			38. GEOLOGIC MARKERS			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
San Andres	4164	62 4263	Dolomite, Fractured, Oolitic	Queen San Andres Pie	2830 3048 3993	

RECEIVED
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OIL CONSERVATION DIV