

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: 660' FNL & 660' FWL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☒

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(other) Converted to Injection Well

R-7044A

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.)\*

See attachment

03245 BASE  
030-013999-0

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
Chaveroo San Andres Unit

T-1

8. FARM OR LEASE NAME  
Dachner

9. WELL NO.  
#4

10. FIELD OR WILDCAT NAME  
Chaveroo Field SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3, Twshp 8 South, Rgn 32 East, NMPM Survey

12. COUNTY OR PARISH  
Roosevelt

13. STATE  
N.M.

14. API NO.  
Chaveroo

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
4508 GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

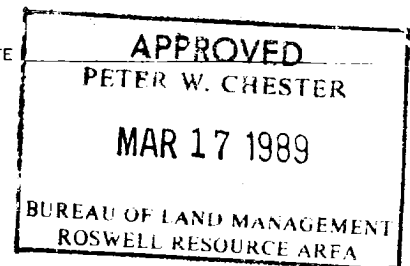
Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Ralph M. Cair TITLE Prod Analyst DATE 1/12/89

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:



\*See Instructions on Reverse Side

R N 8