Form 9–331 Dec. 1973	<u> </u>		COPY TO	0. 6. 0	Form	n Approved. Jet Byreau No	40 51 404
	UNITED STA			5. LEA			- 42-R1424
	DEPARTMENT OF TH		2		NM 1 3999	-A	
GEOLOGICAL SURVEY				6. IF INDIAN, ALLOTTEE OR TRIBE NAME			
SUNDRY	NOTICES AND RE	PORTS O	N WELLS	7. UNI	AGREEMENT	AME	
 (Do not use this for reservoir, Use For 	orm for proposals to drill or to n 9–331–C for such proposals.)	deepen or plug i	back to a different				
1. oil (O PARI	OR LEASE NAM	AE	
well	gas well other				llips Feder	al	•
2. NAME OF	OPERATOR			9. WEL			
El Ran,				#3	1		
3. ADDRESS (OF OPERATOR			Char	D OR WILDCAT N	IAME ;	<i>i</i> .
1603 Br	oadway, Lubbock,	Texas 7940)1		T., R., M., OR E		
4. LOCATION	OF WELL (REPORT LOCAT	ION CLEARLY	. See space 17	AREA		ILN. AND SL	INVEY OR
DEIOW.)	E: 2280' FWL & 660			Sec.	13, R-8-S	T-32E	
AT TOP PR	OD. INTERVAL:			12. COU	NTY OR PARISH		
AT TOTAL [DEPTH: Same			Chav		New Mex	ico
16. CHECK APP	ROPRIATE BOX TO IND	CATE NATURI		14. API N	10.		
REPORT, O	R OTHER DATA			15 ELEV	ATIONS (OUR		
REQUEST FOR				ilili Jilili	ATIONS (SHOW	DF, KDB, I	AND WD)
TEST WATER SH		BSEQUENT R	EPORT OF:				
FRACTURE TRE		H	RECE	🛛 🖾 🛛	n .	-	
SHOOT OR ACIE	DIZE			ᄬᄩᅟᇉ	jj		1
REPAIR WELL PULL OR ALTER			JUN 3		port results of mu	Hinle complexit	
MULTIPLE COM		Ц		1000 cl	ange on Form 9-3	30.)	QR OF ZONE
CHANGE ZONES		H U	. S. GEOLOGI	CAL SURV	'EY		
ABANDON* (other) Casing	De como de la como de	ŏ	HOBBS, NEV			· · · ·	
(outer) Odd III	rrogram				-		•
17. DESCRIBE F including est measured ar	ROPOSED OR COMPLETE timated date of starting and true vertical depths for a	D OPERATION by proposed we all markers and	S (Clearly state ork. If well is dir I zones pertinent	all pertine rectionally of to this wor	nt details, and irilled, give subs k.)*	give pertine urface locat	nt dates, ions and
Well	Spudded - 5/20/8	n				1	
5/22	/80 = 8 5/8, 23#	was sat at	16701 KD				
befo	r 18 hours casing re drilling out of 9.5 # was set at 1	f surface.	50 sacks	and no circula	leaks was . ited.	detected	
							ч. К
	-						, T
			-				
					-		
							¥.
Subsurface Safety	Valve: Manu. and Type			<i></i>			
			······································		Set @	}	Ft.
	iy that the foregoing is true					6	t ·
SIGNED	ut Kanck	TITLE	gent	DATE	June 2, 1	980	
	(1	his space for Fed	leral or State office	use)			<u> </u>
APPROVED BY		TITLE		DATE			
CONDITIONS OF AP	PROVAL, IF ANY:			DATE			····
						·	:
		*See Instants	ons on Reverse Side		· .		
		ore instructio	ms on Keverse Side	8			

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