

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

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 ☒ well ☐ gas 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: 2200' FSL & 990' 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 | <input type="checkbox"/> | | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> | | <input type="checkbox"/> |
| ABANDON* | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> |
- (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

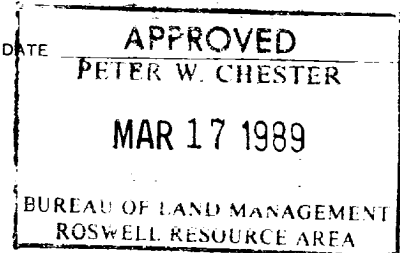
Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Kay McCain 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 B

E

WORKOVER REPORT

<u>Chaveroo Field</u>	<u>Perfs</u>	<u>Dachner #6</u>
Chaves Co., N.M.	4180'-4200'	8 5/8 @ 1760'
TD: 4345'	4248'-4304'	4 1/2 @ 4344'
PBTD: 4344'		2 3/8 @ 4213'

10/25/88 RU Monument Well Service. Pulled 171-3/4" rods and pump. Pull 139 jts of 2 3/8", 4.7#, J-55 tbg. Ran 3 7/8" gauge ring and tagged @ 4345'. SD to run Salta line tbg tomorrow.

10/26/88 Ran 2 3/8" pump out plug, 2 3/8" seating nipple with changeover, 2 3/8" x 4 1/2" Guiberson hydraulic set isolation pkr, 3 jts of 2 3/8" x 4 1/2" Guiberson ER-VI pkr, 2 3/8" x 4 1/2" Type "XL" on/off tool, and 129 jts of 2 3/8" 4.7# J-55 Salta lined tbg. Pump 7 bbls fresh wtr. Set ER-VI pkr at 4117'. Pressure up backside with 15 bbls of treated wtr to 500 psi. Held for 30 mins. RU on tbg and pressure tbg to 800 psi and shearexd out pump out plug and set hydraulic pkr at 4213'. Pump 8000 gals 20% NEFE acid dwn tbg at 3 BPM. Flush with 16 bbls fresh wtr. Max TP: 1500 psi, Avg TP: 110 psi, ISIP: 410 psi, 10 min SIP: 120 psi. Hooked up inj wellhead assembly. RD Service Unit. CONVERTED WELL FROM PRODUCER TO INJECTOR. FINAL REPORT. Began injecting 1/9/89.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

NO. OF COPIES RECEIVED	
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LAND OFFICE	
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OPERATOR	
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
El Ran, Inc.

Address
P.O. Box 911, Lubbock, Texas 79408

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) Changing Lease name from Dachner per R-7044-A
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Chaveroo San Andres Unit Tract 1	Well No. #6	Pool Name, including Formation Chaveroo San Andres	Kind of Lease State, Federal or Fee Federal	Lease No. 013999
Location Unit Letter <u>L</u> ; <u>2200</u> Feet From The <u>south</u> Line and <u>990</u> Feet From The <u>west</u>				
Line of Section <u>3</u> Township <u>8 south</u> Range <u>32 East</u> , NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 9C1 Adams Building, Bartlesville, OK 74004
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Oxy Cities Services	Address (Give address to which approved copy of this form is to be sent) Box 300, Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks.	Unit <u>P</u> Sec. <u>34</u> Twp. <u>7S</u> Rge. <u>32E</u>
Is gas actually connected? <u>Yes</u> When _____	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Kay McCain
Kay McCain Production Analyst

(Signature)

(Title)

10-12-88

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 _____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR
TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

RECEIVED

OCT 14 1988

OCD
HOBBS OFFICE