

N. M. OIL CONS. COMMISSION  
P. O. BOX 1980  
UNITED STATES NEW MEXICO 88240

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, Texas 79408
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 990' FWL & 2200' FNL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:
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:

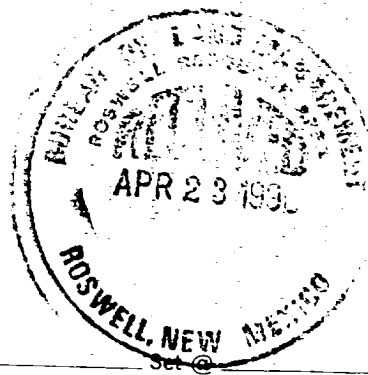
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5. LEASE 13999  
NM 72627X
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME  
Chaveroo San Andres Unit
8. FARM OR LEASE NAME
9. WELL NO.  
Tract 1a Well #5
10. FIELD OR WILDCAT NAME  
Chaveroo - SA
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 3, Tshp. 8S, Rge. 32E
12. COUNTY OR PARISH Chaves 13. STATE New Mexico
14. API NO.  
30-005-20765
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
4495.7 GR

(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.)\*

Temporarily shut-in due to pressure maintenance testing. Well will be shut-in approximately 8 months.



Subsurface Safety Valve: Manu. and Type \_\_\_\_\_

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

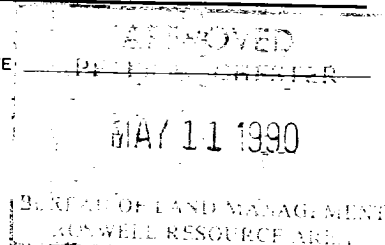
SIGNED Robert K. Ranck TITLE Vice-President DATE 4-20-90

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

DATE \_\_\_\_\_



\*See Instructions on Reverse Side