

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 P. O. Box 911, Lubbock, Texas 79408							
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 990' FWL & 2200' FNL At top prod. interval reported below At total depth							
14. PERMIT NO.				DATE ISSUED Sept. 15, 1980		12. COUNTY OR PARISH Chaves	
15. DATE SPUDDED 11/20/80				16. DATE T.D. REACHED 11/28/80		13. STATE New Mexico	
17. DATE COMPL. (Ready to prod.) 12/ 3/80				18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4495.7 GR.		19. ELEV. CASINGHEAD 4496.7'	
20. TOTAL DEPTH, MD & TVD 4325' KB		21. PLUG, BACK T.D., MD & TVD 4323' KB		22. IF INTERVALS HOW MANY 23. INTERVALS DRAILED BY 0 - 4325		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* San Andres	
25. TYPE ELECTRIC AND OTHER LOGS RUN Sidewall Neutron Gamma Ray				U. S. GEOLOGICAL SURVEY HOBBS, NEW MEXICO		27. WAS WELL CORED NO	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
8 5/8"		23#		1749'		12 7/8"	
4 1/2"		10.5#		4325'		7 7/8"	
29. LINER RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
30. TUBING RECORD							
SIZE		DEPTH SET (MD)		PACKER SET (MD)			
2 3/8"		4278 KB					
31. PERFORATION RECORD (Interval, size and number)							
4180, 4190, 4197, 4199, 4206, 4208, 4210, 4245, 4254, 4256, 4271, 4283, 4289, 4298, 4301, 4304 32 holes 1/2 inch							
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED			
4180 - 4210				3000 gal. 20% HCL			
4245 - 4304				4000 gal. 20% HCL			
33. PRODUCTION							
DATE FIRST PRODUCTION 12/ 3/80		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing				WELL STATUS (Producing or shut-in) Producing	
DATE OF TEST 12/ 3/80		HOURS TESTED 24		CHOKE SIZE 1"		PROD'N. FOR TEST PERIOD →	
FLOW, TUBING PRESS. 325		CASING PRESSURE 700		CALCULATED 24-HOUR RATE →		OIL—BBL. 93	
						GAS—MCF. 225	
						WATER—BBL. -0-	
						OIL GRAVITY-API (CORR.) 25	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) SOLD							
35. LIST OF ATTACHMENTS SWN GR Hole Deviation							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records SIGNED <u>[Signature]</u> TITLE Vice-President							

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

ACCEPTED FOR RECORD

DATE DEC 29 1980

U.S. GEOLOGICAL SURVEY
ROCKVILLE, NEW MEXICO

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.), formation 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) and bottom(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: "Gracks 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	4162	4325	Dolomite, Fractured Oolitic	Queen Pie San Andres	2828 4110 3430	