

N. M. OIL CONS. COMMISSION
P. O. BOX 1980
UNITED STATES
HOBBS, 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, TX 79408
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990' FSL & 990' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

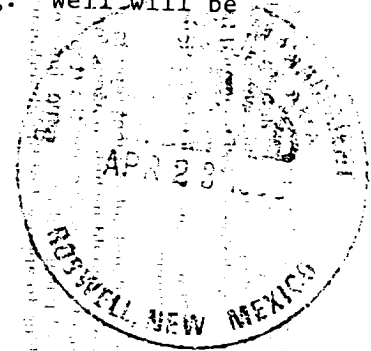
- | REQUEST FOR APPROVAL TO: | | SUBSEQUENT REPORT OF: | |
|--------------------------|-------------------------------------|-----------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | | <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 type="checkbox"/> |
| (other) | | | |

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 for approximately 8 months.

5. LEASE 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 la Well #7	
10. FIELD OR WILDCAT NAME Chaveroo - 8A	
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA Sec. 3, Tshp. 8S, Rng. 32E	
12. COUNTY OR PARISH Chaves	13. STATE N.M.
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 4491.4 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 Robert R. Ranck TITLE Vice-President DATE 4-20-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

MAY 11 1990
BUREAU OF LAND MANAGEMENT
NEW MEXICO

RECEIVED

MAY 15 1990

OCD
HOBBS OFFICE