

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-005-20907
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Chaveroo San Andres Unit Tract - 5 (Griffin Lease)
8. Well No. #2
9. Pool name or Wildcat Chaveroo San Andres

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 "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Injection</u>	
2. Name of Operator El Ran, Inc.	
3. Address of Operator P.O. Box 911, Lubbock, Texas 79408	
4. Well Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>north</u> Line and <u>990</u> Feet From The <u>west</u> Line Section <u>10</u> Township <u>8 south</u> Range <u>32 east</u> NMPM <u>Chaves</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4489 GL	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>Converted to Injection Well</u> <input checked="" type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

See Attachment

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Kay McCain TITLE Production Analyst DATE 02/01/89
TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

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

FEB 06 1989

436 A 6 1/2

RECEIVED

FEB 3 1989

CCO
HOBBS OFFICE

WORKOVER REPORT

<u>Chaveroo Field</u>	<u>Perfs</u>	(Griffin #2) <u>Chaveroo Unit Tr-5 #2</u>
Chaves Co., N.M.	4174'-4204'	8 1/2 @ 1715'
TD: 4330'	4236'-4284'	4 1/2 @ 4330'
PBTD: 4322'		2 3/8 @ 4225'

01/24/89 RU Monument Well Service. Unseat pump and pulled 168-3/4" rods and pump. Pulled 135 jts of 2 3/8", 4.7#, J-55 tbg. Ran gauge ring and tagged @ 4330'. SDFN.

01/25/89 Ran 2 3/8" pump out plug, 2 3/8" seating nipple w/ changeover, 2 3/8" x 4 1/2" Guiberson hydraulic set isolation pkr, 4 jts of 2 3/8", 4.7#, J-55 Salta lined tbg, 2 3/8" x 4 1/2" Guiberson ER-VI pkr, 2 3/8" x 4 1/2" Type "XL" on/off tool and 133 jts of 2 3/8", 4.7#, J-55 Salta lined tbg. Pump 7 bbls treated pkr fluid down backside. Set top pkr @ 4099.65'. Pressure up backside w/ 28 bbls treated pkr fluid to 500 psi. Held O.K. for 30 mins. Rig upon tbg and pressure tbg to 1180 psi and sheared out pump out plug and set hydraulic pkr @ 4224.68'. Pump 8000 gals 20% NEFE Hcl acid down tbg at 3 BPM. Flushed w/ 20 bbls fresh wtr. Max TP: 1500 psi, Min TP: 500 psi, ISIP: 840 psi, 5 min. SIP: 640 psi, 10 min SIP: 500 psi. Hook-up injection wellhead and rig down Service Unit. CONVERTED WELL FROM PRODUCER TO INJECTOR, FINAL REPORT. Began injecting 1/26/89.

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 06-01-83
Page 1

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LAND OFFICE	
TRANSPORTER	OIL
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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 Griffin 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	Well No. #2	Pool Name, Including Formation Chaveroo San Andres	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>K D</u> : <u>660</u> Feet From The <u>north</u> Line and <u>990</u> Feet From The <u>west</u> Line of Section <u>10</u> Township <u>8 south</u> Range <u>32 East</u> , NMPM, <u>Chaves</u> 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 : P Sec. : 34 Twp. : 7S Rge. : 32E
	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
(Signature)

Kay McCain Production Analyst
(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.