

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

**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 ☒ gas ☐  
well 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: 2310 FSL 1650 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)	<input type="checkbox"/>		<input type="checkbox"/>

P:A

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.)\*

Proposed plugging operation

Set C1BP 4100' cap with 35' of cement  
R1H with tubing circulate hole with 25# salt gel per barrell of  
10# brine  
Cut 4 1/2" at freepoint POH with Csg.  
Spot 100' plug across 4 1/2" stub, TAG Plug  
Spot 100' plug across 8 5/8 shoe 1787' to 1687'. Tag plug.  
50' surface plug

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED Robert R. Ranch TITLE VP DATE 1/5/87

(This space for Federal or State office use)

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

\*See Instructions on Reverse Side

5. LEASE  
NM27075

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Antelope Federal

9. WELL NO.  
1

10. FIELD OR WILDCAT NAME  
Chaveroo SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 10, T8S, R32E

12. COUNTY OR PARISH  
Chaves

13. STATE  
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
4449.3

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

APPROVED  
PETER W. CHESTER

JAN 15 1987

BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

PWC

RECEIVED  
JAN 21 1987  
OCD  
HOBBS OFFICE