

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN DUPLICATE
NM OIL CONS. COMMISSION
DRAWER DD
Artesia, NM 88210Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other ☐		14. PERMIT NO.		DATE ISSUED	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐		15. DATE SPUDDED 12/ 6/83		16. DATE T.D. REACHED 12/14/83	
2. NAME OF OPERATOR El Ran, Inc.		17. DATE COMPL. (Ready to prod.) 1/ 5/84		18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 4449.3 GR.	
3. ADDRESS OF OPERATOR P. O. Box 911, Lubbock, Texas 79408		19. ELEV. CASINGHEAD 4449.3		20. TOTAL DEPTH, MD & TVD 4315 KB	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1650 FNL, 2310 FSL, Sec. 10, T8S, R32E At top prod. interval reported below At total depth		21. PLUG, BACK T.D., MD & TVD 4309		22. IF MULTIPLE COMPL., HOW MANY? N/A	
5. LEASE DESIGNATION AND SERIAL NO. NM 27075		23. INTERVALS DRILLED BY 0 - 4315		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 4137 to 4262 San Andres	
6. IF INDIAN, ALLOTTED OR TRIBE NAME		25. WAS DIRECTIONAL SURVEY MADE NO		26. TYPE ELECTRIC AND OTHER LOGS RUN GRN	
7. UNIT AGREEMENT NAME		27. WAS WELL CORED NO		28. CASING RECORD (Report all strings set in well)	
8. FARM OR LEASE NAME Antelope Federal		29. LINER RECORD		30. TUBING RECORD	
9. WELL NO. 1		31. PERFORATION RECORD (Interval, size and number) 4137, 50, 53, 62, 64, 67, 83, 85, 87, 4188, 4211, 13, 20, 22, 27, 32, 46, 43, 45, 4262, 1/2" 2 shots per interval		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
10. FIELD AND POOL, OR WILDCAT Chaveroo (SA) Undesig.		33.* PRODUCTION		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented	
11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 10, T8S, R32E		DATE FIRST PRODUCTION 1/ 5/84		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping	
12. COUNTY OR PARISH Chaves		DATE OF TEST 1/ 5/84		WELL STATUS (Producing or shut-in) Shut-In	
13. STATE New Mexico		HOURS TESTED 24		CHOKE SIZE 2"	
		PROD'N. FOR TEST PERIOD 67		OIL—BBL. 67	
		GAS—MCF. TSTM		WATER—BBL. 10	
		OIL GRAVITY-API (CORR.) 24		GAS—OIL RATIO 24	
		FLOW. TUBING PRESS. -0-		CASING PRESSURE 50#'s	
		CALCULATED 24-HOUR RATE 67		GAS—MCF. TSTM	
		WATER—BBL. 10		OIL GRAVITY-API (CORR.) 24	
		35. LIST OF ATTACHMENTS GRN Diviation Survey		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records	
		SIGNED <i>Robert L. Ranch</i>		TITLE Vice-President	
		DATE Jan. 10, 1984			

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

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), bottom(s) and name(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: "Sacks 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	4137	4262	RECEIVED BY FEB 20 1984 O. C. D. ARTESIA, OFFICE	San Andres Pie	3409 4070	

RECEIVED
FEB 27 1984
O.C.D.
HOLLY OFFICE