

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD copy

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.

NMNM 03431

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

SUBMIT IN TRIPLICATE

Type of Well
 Oil Well Gas Well Other

Name of Operator
Smith & Mays, Inc.

Address and Telephone No.
Box 863 Kermit, TX. 79745 915-586-3076

Location of Well (Footage, Sec., T., R., M., or Survey Description)
Unit D, Sec. 30 - T8S - R37E

60' FWL & 660' FWL

8. Well Name and No.

Las Cruces "B" #1

9. API Well No.

30-041-00239

10. Field and Pool, or Exploratory Area

Allison Penn

11. County or Parish, State

Roosevelt Co. N.M.

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

3P @ 9500' - 35' cmt on top
5 SKS @ 7700 - 7600'
1 5 1/2" casing @ Freepoint - 35 SKS @ 50' in & 50' out stub & TAG
2 SKS @ 4286 - 4186' & TAG
5 SKS @ 2310 - 2210' (SALT)
11 8 3/8" @ Freepoint - 65 SKS @ 50' in & 50' out stub & TAG
5 SKS @ 427 - 327'
SKS @ 60' - surface

OIL CONSERVATION DIVISION
OCD EXHIBIT NO: *46*
CASE NO: *12771-A*
HEARING

Install Dry Hole Markers - Cir. 9.5" #1

I hereby certify that the foregoing is true and correct

Signed *[Signature]* Title *President*

Date *10-29-01*

(This space for Federal or State office use)

Approved by _____ Title _____

Date _____

Conditions of approval, if any:

18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

GWW

*See Instruction on Reverse Side