		À C T	H O U R	U A R	mr	FIELD TRIP REPORT	·Miles <u>//3</u> District	
8	5	L	S	I E	Name RAY SMITH Time of Departure 7 A	Time of Return		
T ON		X		R H O U R S	In the space below indicate the purpose of the trip and the duties performed, listing wells or leases visited and any action taken.			
P.C	,	P	8		5-19-25 19 Jates fet	niche has #1-	To witness fr	
					spenting on the a	one well RI	Helly x spar	
						-1 2 2-1	2111	
					M-36-19-78 501	ly R. Webon	State A-1.	
ļ					Pull out of his	to all ord o	zimment.	
							· · · · · · · · · · · · · · · · · · ·	
	Ì							
İ					Mileage	Per Diem	Hours	
	1				nic	UIC	UIC	
					.Other//3	RFA	RFA Sther 8	
TYPE INSPECTION PERFORMED					INSPECTION CLASSIFICATION		NATURE OF SPECIFIC WEL OR FACILITY INSPECTED	
P -	ri ri We	. 149 i . 14	ng C	ng leanu kover	injection and production we	ct. facility, or well or nto any well. (SKD, Indry cils, water flows or pressu	D = Orilling P = Production I = Injection C = Combined prod. inj	

C = Flugging Cleanup T = Well Test R = Repair/Norkover F = Waterflow

M = Mishap or Spill

0 - Other

R - Inspections relating to Reclamation Fund Activity

M - Water Contamination O - Other - Inspections not related to injection or The Reciamation Fund . .

s = SWO

U = Underground Storage
-G = General Operation
-ry = Pacility or location