| Form 9–331  | Form Approved.<br>Budget Bureau No. 42-R1424   |
|---|--|
| UNITED STATES   | 5. LEASE   |
| DEPARTMENT OF THE INTERIOR  | N.M13791   |
| GEOLOGICAL SURVEY   | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME   |
| SUNDRY NOTICES AND REPORTS ON WELLS   | 7. UNIT AGREEMENT NAME   |
| (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.)  | 8. FARM OR LEASE NAME U.SCOTT.   |
| 1. Oil Ras Other  | 9. WELL NO.  |
| 2. NAME OF OPERATOR   | 1 10. FIELD OR WILDCAT NAME  |
| T.L.MORRIS  3. ADDRESS OF OPERATOR  | W.C.   |
| P.O.BOX.1038 KILGORE TEXAS 75662  | 11. SEC., T., R., M., OR BLK. AND SURVEY O   |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 660-FEL.660-FSL  | AREA SESE SEC 8 T-16-N-RS  |
| AT SURFACE:   | 12. COUNTY OR PARISH 13. STATE   |
| AT TOP PROD. INTERVAL: AT TOTAL DEPTH:  | MC.KINNLEY N.MEXICO  |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,   | 14. AFI NO.  |
| REPORT, OR OTHER DATA   | 15. ELEVATIONS (SHOW DF, KDB, AND WD   |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT-OF   | 6362.GL  |
| TEST WATER SHUT-OFF   | JE North T   |
| FRACTURE TREAT  |  |
| SHOOT OR ACIDIZE  REPAIR WELL   | ~ (NOT€:::Report results of multiple completion or zon   |
| PULL OR ALTER CASING  | change on Form 9-330.)   |
| CHANGE ZONES  | Control of the Contro |
| ABANDON.  | and the second s |
| (other)   |  |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is demeasured and true vertical depths for all markers and zones pertinent | firectionally drilled, give subsurface locations an  |
| 10-27-81 RIG UP TO DRILL TO 1300 FT HOSPAH SAN  | ND.  |
| 11-5-81 DRILL TO TD. 1300 FT.   |  |
| RIG UP DALTON WELL LOGGING LOG WELL   | And the second s |
| 11-5-81 ALSO SET 150 FT PLUG IN BOTTOM.   |  |
| ALSO SET 150 FT PLUG AT 600 FT.   | NOV 19 198   |
| ALSO SET 150 FT PLUG IN TOP.  | MOA TO 100   |
|   | OIL CON. CON.  |
| PLUGED WELL WITH  |  |
| PLOGED WELL WITH  |  |
| Subsurface Safety Valve: Manu. and Type   | Set @  |
| 18. I hereby certify that the foregoing is true and correct   |  |
| SIGNED Lim Depper. TITLE AGENT  | DATE   |
| (This space for Federal or State of   | tice use:  |
| APPROVED BY TITLE   | DATE CORPIED FOR RECORD  |
| CONDITIONS OF APPROVAL, IF ANY  | CONTRACTOR OF THE PARTY OF THE  |

\*See Instructions on Reverse Side NMOCC

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