

UNITED STATES BLM - CARLSBAD
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 ☐ other ☐

2. NAME OF OPERATOR

Smith & Morris, Inc.

3. ADDRESS OF OPERATOR

P.O. Box 863 Kermit, TX 79745

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE:

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) ☐

SUBSEQUENT REPORT OF:

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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.)*

8-16-93 Set CIBP @ 8730' - 50' cement on top
8-18-93 Spot 50 sxs @ 7751' - 7537' tagged - pulled 7667' of 5 1/2".
8-18-93 Spot 40 sxs @ 5717' - 5561'.
8-18-93 Spot 40 sxs @ 4214' - 4184' tagged.
8-19-92 Spot 25 sxs @ 4184' - 4090'.
8-19-93 Spot 50 sxs @ 460' - 275'.
8-19-93 Spot 15 sxs @ 60' - surface

Install dry hole marker
Circulate with mud

Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft.

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

SIGNED _____

TITLE _____

DATE _____

8-25-93

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL IF ANY:

*See Instructions on Reverse Side

Form Approved
Budget Bureau No. 42-R1424

5. LEASE
NM-24162

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

7. UNIT AGREEMENT NAME _____

8. FARM OR LEASE NAME

Scott "E" Federal

9. WELL NO.

10. FIELD OR WILDCAT NAME

Querecho Plains Lower BS

11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA

Unit K, Sec. 28, T-18S, R32E

12. COUNTY OR PARISH

Lea

13. STATE

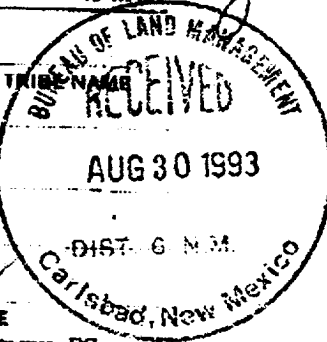
NM

14. API NO.

15. ELEVATIONS (SHOW DT, KDR, AND WD)

30-025-27442

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



P. 01

TRANSACTION REPORT

DEC-20-96 FRI 9:57 AM

FOR: OCD HOBBS

15053930720

DATE	START	SENDER	RX TIME	PAGES	TYPE	NOTE
DEC-20	9:55 AM	1473 7542	1' 11"	1	RECEIVE	OK