Form 9-331
Dec. 1979

Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES BLM - CARLSBAD
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

BUREAU OF LAND MANAGEMENT RECEIVED AUG 30 1993 DIST. 6 N.M. Carlsbad, New Mexico

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.)

Mayo Marrs Casing Pulling Inc

1. oil well ☐ gas well ☐ other

2. NAME OF OPERATOR
~~Smith & Marrs, Inc.~~ 915 586 3844 3076 Angie

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:

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.
1

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.
30-025-27442

15. ELEVATIONS (SHOW DF, RDB, AND WD)

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

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐		☐
FRACTURE TREAT	☐		☐
SHOOT OR ACIDIZE	☐		☐
REPAIR WELL	☐		☐
PULL OR ALTER CASING	☐		☐
MULTIPLE COMPLETE	☐		☐
CHANGE ZONES	☐		☐
ABANDON*	☐		XX
(other)			

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

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 5½".
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 V-P 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

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