| Submit 3 Copies To Appropriate District Office | State of New Mexico | | Form C-103 | |
|---|---|---|--|---------------------------------|
| District I | Energy, Minerals and Natural Resources | | May 27, 2004 WELL API NO. | |
| 1625 N. French Dr., Hobbs, NM 88240 District II | OIL CONGERNATION PROGRAM | | 30-015-33423 | |
| 1301 W. Grand Ave., Artesia, NM 88210 District III | OIL CONSERVATION DIVISION | | 5. Indicate Type of Lease | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | 1220 South St. Francis Dr. Santa Fe, NM 87505 | | STATE FEE | |
| <u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505 | Sama Pe, IV | VI 87303 | 6. State Oil & Gas Lease No. | |
| SUNDRY NOTICES AND REPORTS ON WELLS | | | 7. Lease Name or Unit Agreem | ent Name |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) | | | POKER LAKE UNIT | |
| 1. Type of Well: Oil Well | Gas Well Other | RECEIVED | 8. Well Number 205 | |
| 2. Name of Operator Bass Enterpr | rises Production Co. | NOV 1 5 2004 | 9. OGRID Number 001801 | |
| - 1. O. DOX 2700 | | 10. Pool name or Wildcat | | |
| Midland, TX 79702 | | NASH DRAW - DELAWARE | | |
| 4. Well Location | 160 0 0 1 116 | DTH 166 | O O O O TAGE | |
| | 160 feet from the NO | | | |
| Section 18 Township 24S Range 30E NMPM CountyEDDY 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | | | |
| | 3179' | DR, RKD, RI, GR, etc.) | | |
| Pit or Below-grade Tank Application | r Closure | | | |
| Pit type DRILLING Depth to Groundw | ater_ <u>>100'</u> Distance from nearest f | resh water well <u>>200'</u> Dista | nce from nearest surface water ≥ 100 | <u>0'</u> |
| Pit Liner Thickness: 20 mil | Below-Grade Tank: Volume | | struction Material SYNTHETIC | |
| 12. Check A | Appropriate Box to Indica | te Nature of Notice, l | Report or Other Data | |
| NOTICE OF IN | ITENTION TO: | SHR | SEQUENT REPORT OF: | |
| NOTICE OF INTENTION TO: SUBS | | | | ASING □ |
| TEMPORARILY ABANDON | | | | |
| PULL OR ALTER CASING | MULTIPLE COMPL | CASING/CEMENT | JOB 🗌 | |
| OTHER:PIT CLOSURE | X | OTHER: | | |
| 13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date | | | | |
| of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion | | | | |
| or recompletion. | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| As per Guidelines, a | | | | |
| detailed closure plan | ı must | | | |
| be submitted prior to | 0 | | | |
| closure. | | | | |
| I hereby certify that the information grade tank has been/will be constructed or | above is true and complete to closed according to NMOCD guide | he best of my knowledge ines ☑, a general permit ☐ o | and belief. I further certify that any r an (attached) alternative OCD-appro | y pit or below- oved plan □. |
| SIGNATURE Con De la | france TITL | EProduction Clerk | DATE 11/09 | |
| Type or print name Cindi Goodman | | | | /2004 |
| | V F-m | ail address:cdgoodman@ | oakspellom Jelenhone No. (4 | |
| For State Use Only | E-m | ail address:cdgoodman | odksper.com Telephone No. (4 | |
| For State Use Only APPROVED BY: | E-m | Jula | paksper.com Telephone No. (4 | |